

**FRIENDS BOOKING FORM
WINTER SEASON 2019/20**

**NAME:
ADDRESS:**






**EMAIL:
POSTCODE:**

Production FT Festival Theatre MT Minerva Theatre	Performance 1 st Choice Mat (M) / Eve (E)	Performance 2 nd Choice Mat (M) / Eve (E)	Price Band 1 st Choice	Price Band 2 nd Choice	Total No. of tickets	Number of discounted tickets:		Total Cost	Book a table in The Brasserie (B) or Minerva Bar & Grill (G)		
						Friends Single Production (£2 discount)	Other (please specify)		B / G	Quant.	Time
FT	Prism		£	£				£ .			
FT	Calendar Girls: The Musical		£	£				£ .			
FT	The Lovely Bones		£	£				£ .			
FT	Christmas Concerts		£	£				£ .			
MT	The Gruffalo		£	£				£ .			
FT	The Wizard of Oz		£	£				£ .			
FT	The Sleeping Beauty		£	£				£ .			
FT	Six		£	£				£ .			
MT	The Strange Tale of Charlie & Stan		£	£				£ .			
FT	My Cousin Rachel		£	£				£ .			
MT	Love Is Only Love		£	£				£ .			
FT	A Monster Calls		£	£				£ .			
MT	Oi Frog & Friends!		£	£				£ .			

Other Events To include other events in your booking, please attach a separate sheet of paper with the details, but include the total here: £ .

Seating requirements (subject to availability): *Please do not request specific seat numbers, as this could delay your application.*

Sub-Total £ .
 Please post my tickets to me £ 1. 50
 Please email Print at Home tickets to me Free of charge
 I would like to make a donation to CFT's Ageless campaign £ .
 To add 25% Gift Aid* please tick here £ .
GRAND TOTAL £ .
 Please charge my Maestro/MasterCard/Visa £ . *Enter details below*
 I enclose a cheque (payable to CFT) limited to £ . *Please do not put figures in the box on the cheque*
 I enclose CFT Vouchers / paper Theatre Tokens for £ . *If you have a Tokens Gift Card please call prior to 7 Sep to credit your theatre account*

- AM** I am a CFT Access Member and qualify for the Access discount
-  I require a wheelchair space
-  I wish to use the audio described service (see diary for dates)
-  I wish to attend the signed performance (see diary for dates)
-  I wish to attend the captioned performance (see diary for dates)
-  I would like accessible seats near to the lift

BOX OFFICE USE ONLY					
REC		C/C		CN	
AL		O/Ch		TT	
CK		GV		BR	

By providing means of payment with this booking form I understand that these will be used by CFT to take payment for the tickets requested above.
 Signature

*By agreeing to add Gift Aid, I confirm I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay the difference. I will inform CFT if I change my name or address, wish to cancel this declaration, or if I no longer pay sufficient tax or capital gains.

Credit card no. Start date / Expiry date / Issue No. (if applicable) Security No.