SURNAME: _____ FIRST NAME: _____

TITLE: _____ E-MAIL: _____

TELEPHONE HOME: _____ TELEPHONE OTHER: _____

ADDRESS: _____

_____

_____ POSTCODE AND COUNTRY: _____

EVENT	EVENT TITLE	DATE	CODE	NUMBER REQD	COST
EVENT 1					
EVENT 2					
EVENT 3					
EVENT 4					
EVENT 5					
EVENT 6					
				TOTAL COST	

SPECIAL EVENTS BOOKING FORM

PLEASE TICK BOX IF YOU ARE A WHEELCHAIR USER ☐

PAYMENT BY MASTER CARD/VISA/DEBIT CARD OR CHEQUE

PLEASE DEBIT MY MASTERCARD/VISA/DEBIT CARD WITH THE SUM OF £ _____

CARD NO. ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐ SECURITY NO. (last three digits on signature strip) ☐☐☐

NAME (as on card) _____

EXPIRY DATE (as on card) ☐☐/☐☐ SWITCH ISSUE NO. ☐☐ VALID FROM (as on card) ☐☐/☐☐

I enclose a cheque for £ _____ (payable to: The Edward James Foundation)

SIGNATURE _____ DATE _____

Please add/retain my name on West Dean's concert mailing list: YES/NO

Please return booking form to: ADMISSIONS OFFICE, WEST DEAN COLLEGE, WEST DEAN, CHICHESTER, WEST SUSSEX PO18 0QZ
This form can also be downloaded and printed from: **www.westdean.org.uk**

SPECIAL EVENTS BOOKING FORM