

BELMONT QUIZ NIGHT

Ticket Request Form

belmontquiznight@outlook.com

Table organiser:.....

Email:.....

Phone No:.....

TABLE NAME:.....

Child's name/Class:.....

.....

Ticket Request

Number Required

Table of 10 @ £150

Individual tickets @£15

we will do our best to find you a table

Total payment enclosed

Guest Names

Please list below the names of all guests included in this booking and indicate whether they want veggie or meat. Please print clearly as this information will be used for the table plan.

1. V/M 6. V/M

2. V/M 7. V/M

3. V/M 8. V/M

4. V/M 9. V/M

5. V/M 10..... V/M

Please return this form, marked FAO: Quiz Night Team to the school office, together with your cheque made payable to **FRIENDS OF BELMONT**.

Alternatively, please make payment by direct transfer **Sort Code: 60-14-27 A/C No: 38775700** (quoting your name/quiz as ref)

Ticket Request Forms must be returned with full payment by 23rd February 2018.

Please be aware that payment is non-refundable but that tickets are transferrable.

You will receive an acknowledgement of your booking by email

For any queries please contact belmontquiznight@outlook.com.