

Name:  
Address:  
Postcode:  
Email:  
Contact No:

Like to hear more from us about productions, events, offers and ways in which you can support the work of CFT?

Tick this box and we will add you to our email list

This form may be submitted before 22 Feb, but please do not submit after 28 Feb. Booking forms will be processed from 22 Feb and in strict order of receipt.

Production FT Festival Theatre MT Minerva Theatre	Performance Date		Price Band 1 <sup>st</sup> Choice	Price Band 2 <sup>nd</sup> Choice	Total No. of tickets	Number of discounted tickets included:				Total Cost	Book a table in The Brasserie	
	1 <sup>st</sup> Choice Mat (M) / Eve (E)	2 <sup>nd</sup> Choice Mat (M) / Eve (E)				Priority Saver 4+ shows (20% off)	Priority Saver 6+ shows (25% off)	Single Production (£2 off)	Other (please specify)		No. of people	Time
FT	The Government Inspector		£	£						£ .		
MT	The Unlikely Pilgrimage of Harold Fry		£	£						£ .		
FT	Anna Karenina		£	£						£ .		
MT	Marie and Rosetta		£	£						£ .		
FT	Top Hat		£	£						£ .		
MT	Choir		£	£						£ .		
MT	Hamlet		£	£						£ .		
FT	Lord of the Flies		£	£						£ .		
MT	Safe Space		£	£						£ .		
MT	The Three Little Pigs		£	£		N/A	N/A			£ .		
FT	A Boy Called Christmas		£	£		N/A	N/A			£ .		

Events To include 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 email e-tickets to me Free of charge

Please post my tickets to me £ 2.00

I would like to donate to the CFYT at 40 campaign

To add 25% Gift Aid\* to your donation please tick here



Grand total £ .

Please charge my Mastercard/Visa £ .

Please enter details at the bottom

I enclose CFT Vouchers / paper Theatre Tokens for £ .

\*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.

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

### BOX OFFICE USE ONLY

REC	C/C	CR
AL	GV	BR
CK	TT	

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

Card no.

Start date

Expiry date

Security No.

