

# Booking Form

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Please state HOW MANY TICKETS .....

②

November 2008

Please **CIRCLE** below:

The **DAY** and **DATE** you would like to come -

Monday : Tuesday : Wednesday : Thursday : Friday

24th      25th      26th      27th      28th

and the **PERFORMANCE** you would like to attend -

6.30pm                      :                      8.30pm

③

Name .....

Address .....

.....

..... Postcode .....

Tel .....

*(Please include a contact number in case of difficulties)*

Are you on the Players' Mailing List?      YES       NO

If not, would you like to be?              YES       NO

④

CHEQUE / PO for £ ..... ENCLOSED

Admission is by donation -

6.30pm performance : minimum £7.50

8.30pm performance : minimum £6.00

8.30pm performance only : Students £4.00 at the door

All seats are unreserved

Please make cheques payable to  
*The Players of St Peter*

Stamped return envelope for the tickets enclosed

Please hold the tickets for collection on the night

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*Please send this form and your cheque to:*

**The Players of St Peter**  
**P O Box 3040**  
**London E1W 3TQ**