

BOOKING FORM

Name/s _____ Memb.Nos. _____

Address _____

Name of any guest you are hoping to bring _____

EVENT _____ EVENT DATE _____

PICK-UP POINT [if coach trip] _____

FOR CONFIRMATION OF BOOKING, ENCLOSE SAE ---OR

your eMail address _____

OR your TELEPHONE NUMBER _____

NUMBER OF 'TICKETS' REQUIRED _____

CHEQUE ENCLOSED TO VALUE £ _____

payable to West Somerset NT Association,
[Add £ 1 for any ticket being purchased for a non member.]

SEE ADVERT PAGE for costs, menus where relevant, and contact information.

Please send this form, with CHEQUE to the **EVENT ORGANISER**.

If a meal is involved please write number required of each dish below.

Starters
A.....B.....C.....D.....
Mains
P.....Q.....R.....S.....
Desserts
W.....X.....Y.....Z.....

Special Diet Requests or advertised optional extras

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