BOOKING FORM

(This form can also be accessed from our website: **www.bathmozartfest.org.uk**)

NAME _____

ADDRESS _____

_____

POSTCODE _____ TEL (DAY) _____

EMAIL _____

I enclose a cheque/P.O. (payable to Bath Box Office) for a maximum of £ _____

or please debit my Mastercard/Maestro/Visa

(delete as applicable) an amount not exceeding £ _____ My card number is:

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Signature _____ Valid from: _____

Expiry date: _____ Security Code _____ Issue No. (Maestro only) _____

Event Code	Date	No of seats	Seat Price 1st choice	Seat Price 2nd choice	Offer Price	Total	Box Office use only
Souvenir Programme £6 per voucher. No. of vouchers ____ **Card Fee: £2.00** (no charge for debit card) **Ticket Postage £1.00** (if s.a.e. not enclosed)							
Facilities for the disabled Please discuss your requirements with the Box Office staff who will be happy to advise you.					**TOTAL £**		

Please return this form with s.a.e. and your payment to:
Bath Box Office, Bath Visitor Information Centre, Abbey Chambers, Abbey Churchyard, BATH, BA1 1LY. Tel: 01225 463362 Email: boxoffice@bathfestivals.org.uk

Please add my name to ☐ Bath Mozartfest ☐ Bath Festivals ☐ Other arts mailing lists. Changes in legislation (Data Protection Act 1998) mean that we cannot contact you without your permission.