

# APPLICATION FORM TO NAME A SEAT FOR 25 YEARS AT THE THEATRE ROYAL & ROYAL CONCERT HALL

## Choose your venue

**THEATRE ROYAL**

Theatre Royal Seat Location:

**Stalls**  **Dress Circle**  **Upper**  **Circle**  **Balcony**

Preferred Seat Row & Number (subject to availability)

**ROYAL CONCERT HALL**

Royal Concert Hall Seat Location:

**Stalls**  **Tier 1**  **Tier 2**

Preferred Seat Row & Number (subject to availability)

## Your dedication

Please keep to 20 characters per row with a maximum of 5 rows

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## Payment details

Please charge £250 to my:  **Mastercard**  **Visa**  **Visa Debit**  **Maestro**

Card Number  -  -  -

Start Date / Expiry Date / 3 digit C.V.V No.

I enclose a cheque for £250 made payable to 'The Royal Centre'

## Personal details

First Name  Address

Last Name

Email

Telephone  Postcode

I would like to be contacted via:  Email  Telephone

Please ensure that you provide us with correct details above so that we can get in touch if necessary, with your seating plan availability or payment details.

Signature  Date