

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

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