



BOOKING FORM

Please list the full name's of all the people in your party below:

Please print names clearly for the table plan

Name: _____	Child / Adult
Name: _____	Child / Adult
Name: _____	Child / Adult
Name: _____	Child / Adult
Name: _____	Child / Adult
Name: _____	Child / Adult
Name: _____	Child / Adult
Name: _____	Child / Adult
Name: _____	Child / Adult
Name: _____	Child / Adult
Name: _____	Child / Adult
Name: _____	Child / Adult
Name: _____	Child / Adult
Name: _____	Child / Adult
Name: _____	Child / Adult

Contact Details: Name _____
 Mobile Tel: _____ Home Tel: _____
 Email: _____

******IMPORTANT FOR TABLE PLANS******

Please specify who you would like to sit with for the seating plan.

Name: _____ Tel: _____
 Name: _____ Tel: _____

I would like _____ Adult Tickets @ £20 Total £ _____

I would like _____ Child Tickets @ £10 Total £ _____

Enclosed a cheque / cash for : Total £ _____

Cheques payable to "Greek Parents Association"

Please return by **Saturday, 14th October** to a Committee Member