**Season Ticket Holders Application Form**

Thank you for your interest in becoming a Season Ticket Holder of the Society.

There are **FOUR** plays in a season and a season ticket will entitle you to attend all four for the price of three and will guarantee you the same seat near the front on your preferred evening. If you would like to join our society as a Season Ticket Holder, please complete the information below and return in to the Seano Ticket Holder Secretary.

**Contact Information**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Post Code** |  |
| **Home Phone** |  |
| **Mobile** |  |
| **Email Address** |  |

**Preferred Show Night**

Please indicate below the night you would like to join us and state how many tickets you would like.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Thursday** |  | **Friday** |  | **Saturday** |  |

**Payment**

Payment can be made via cheque or by bank transfer directly to the society. Alternatively, you can contact the Season Ticket Holder Secretary to make payment by cash.

|  |  |
| --- | --- |
| **Cheque** | Please make cheques payable to “Shiphay Amateur Dramatic Society” |
| **Bank Transfer** | Natwest Account Number: 74905260Sort Code: 55-70-01Please ensure that you add your full name as the payment reference followed by STH. |
| **Cash** | Please contact the Season Ticket Holder Secretary to arrange payment by cash. |

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a Season Ticket Holder, any false statements, omissions, or other misrepresentations made by me on this application may result in the cancellation of my ticket(s).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name (Printed)** |  | **Signature** |  | **Date** |  |

**Thank you for completing this application form and for your interest in our society.**

Please return this form with your payment (if applicable) to the Season Ticket Holder Secretary Jan Shadman; forms can be returned via email or in person. If you would like to return the form via post, please call the number below.

Any queries please contact Jan Shadman on 07494 261306 or by emailing via jan.shadman@gmail.com