



TICKET DETAILS

Yes! I would like to purchase the following tickets for the St Augustine's Priory Fireworks Night on Friday 20th October 2017.

Parent's Name.....Tel Number.....

Daughter's Name.....Year.....

Number of Tickets: ADULT.....CHILD.....FAMILY.....

I wish to collect my tickets in person from Reception...(please tick).....
(Please allow 3 working days for collection)

PAYMENT DETAILS:

SCHOOL INVOICE

PAYMENT:

I consent to the amount of £.....being added to my school account.

Signed:.....(PARENT)

Name:(PRINT CLEARLY)

Date:.....

.....

CASH OR CHEQUE

Or...I enclose a cheque / cash to the value of £.....

Please make cheques payable to: St Augustine's Association with your daughter's name and year group on reverse.

Please tear off slip and return in an envelope with payment to SCHOOL RECEPTION labelled 'FIREWORKS TICKETS'