



PLAYS Reservation Form

Please complete the following reservation form
You will be contacted to confirm your reservation

Contact Details

Name: _____

Postal Address: _____

Contact Number (Hm) _____ (Wk) _____

If you would like to receive our quarterly newsletter, please supply your email address
Email _____

We are interested in attending (indicate date and play)

Date: _____

Play: _____

Seats Required: _____ Seats are \$75.00 per person incl GST

Do you have any special diet requirements? _____

Confirmation Preference (Please tick to indicate)

Phone Email Txt mobile number _____

Payment Options

1) Cheque

I enclose a cheque for \$ _____

Please cross as "Not Negotiable" and make payable to "The Mudcastle"

2) Credit Card

Please charge my credit card account

Credit Card _____

Expiry Date _____

Signature _____

Reservation

Post form to: **The Mudcastle
PO Box 13
Upper Moutere
Nelson 7144**

OR Fax: **(03) 543-2113**