



Booking Form

Your Details

Name: _____

Address: _____

Postcode: _____

Telephone: _____

Email: _____

Ticket Details

Production: _____

Number of Tickets: _____

First Choice Date: _____

Second Choice Date: _____

Total Amount Payable: £ _____

- Please send this completed form, along with a cheque for the full amount of your booking made payable to 'The Fellowship Players', to:
The Fellowship Box Office
24 Sutton Road
Walsall
WS1 2PD
- Please enclose a stamped self-addressed envelope if you wish your tickets to be posted to you once payment has been processed.
- Please notify us if you have any particular seating requirements in relation to access or mobility, or contact us before making a booking if you require any specific information.