

HAND TO MOUTH Theatre Ltd

Schools Booking Form:

Date and Time: 1st choice:.....
(am or pm.)

2nd choice:.....

Show: "The Mystery of Memory Lane": []
"Frosty Windows": []
Shadow Puppet Workshop: []

Name of Contact:

Name of School:

Address:
.....
.....
.....

Tel/Fax number:

Approx. no. of children:

Ages:

Fee:

(If a performance is cancelled with less than 4 working weeks' notice, a cancellation fee of 50% is payable.)

Signature **Date**

Please complete, sign and return this booking form, or fax it to us on the number below. Many thanks.

HAND TO MOUTH Theatre Ltd.

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