

HAND TO MOUTH Theatre Ltd



Booking Form

Show: **“The Gingerbread Man”** []
 “Remember the Umbrella” []
 Shadow puppet workshops []

Date and Time: (Tuesdays, Wednesdays and Thursdays only,)

1st choice.....

2nd choice.....

Any other dates.....

Times: a.m..... p.m..... all day.....

Name of Contact:

Name of School: **Name of School**

Address: **Street**
 Town
 County **Postcode**

Tel/Fax number:

Approx. no. of children:

Ages:

No. of Performances/ Workshops..... **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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