



# ABBAlicious Dinner and Show Saturday 3rd February 2018

LIGHTHOUSE

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: H \_\_\_\_\_ M \_\_\_\_\_ W \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about this event: \_\_\_\_\_

Table Name (optional): \_\_\_\_\_

Any Dietary Requirements: \_\_\_\_\_

Number of Adults: \_\_\_\_\_ @ \$120.00 each = \_\_\_\_\_

Total = \_\_\_\_\_

or

Accommodation Package: \_\_\_\_\_ @ \$399.00 per couple

Total = \_\_\_\_\_

Are you happy to be seated with other guests? \_\_\_\_\_

Please charge my:

VISA

American Express

Diners Card

Master Card

Card Number:

Expiry:   /        CCV:

Card Holder's Name: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

**PLEASE NOTE**

**No refunds will be issued unless cancelled 14 days prior to the event.**

**3.0% Surcharge applies to Amex and Diners Card payments**

**OFFICE USE ONLY**

Payment Processed: \_\_\_\_\_ Added to Spreadsheet: \_\_\_\_\_ Table No: \_\_\_\_\_