

# Booking Form

Name:

Address:

Telephone:

Email:

Number of tickets required at £25pp:

Name of each guest:

Dietary requirements:

(Please use reverse side of this sheet if necessary).

Payment by cheque (made payable to CWO) please. If you let us know your email address, we will confirm and this will be your 'ticket' or please send your cheque with a stamped addressed envelope to:

Margaret Hill,  
15 Westmoreland Road  
Maidenhead  
Berks SL6 4HB

If you have any queries please do not hesitate to contact us on 01753 678693 (Tuesday to Friday).

To avoid disappointment please book asap.