

CURRY & QUIZ BOOKING FORM



Team Captain

Title _____ Forename _____ Surname _____

Team Name _____

Team Members (teams are of 6 to 8 members)

_____	_____
_____	_____
_____	_____
_____	_____

Company Name _____

Address _____

Postcode _____ Tel. _____ Email _____

Drinks Orders (10% discount on all drinks pre-ordered and paid for)

Please see attached for more information

Registration & Payment Details £25 per person

- I enclose a cheque (made payable to Southampton Hospital Charity) for £ _____
- I authorise you to take a payment of £ _____ from my Visa / Switch / Maestro / MasterCard

Card No.

Valid from /

Expiry date /

Issue No.

3 Digit Security Code

Name on card _____

Signature _____ Date _____

Return this form to either: Alanna.lee@uhs.nhs.uk

Southampton Hospital Charity, FREEPOST RRUA-CSKX-JUBZ, Mailpoint 135, Southampton General Hospital, Southampton SO16 6YD