

## **APPLICATION FORM**



## FOR NEW SEASON TICKET HOLDERS ONLY

- 1) Please refer to www.wiganlittletheatre.co.uk for a list of the current season's plays or ask for a season guide.
- 2) Fill in all sections below. All contact details are necessary and authorise us to contact you in relation to your current booking, future events or e.g. cancellations.
- 3) Ensure payment has been completed by one of the methods outlined below. Bank transfers are preferred.
- 4) Return the completed form, along with payment, by one of these three methods:
  - a. Scan/photograph the form and email it to boxoffice@wiganlittletheatre.co.uk <u>or</u>
  - b. Print and post the form to Wigan Little Theatre, Crompton Street, Wigan, WN1 3SL
  - c. Print the form and hand it in at the box office.
- 5) Your tickets will be sent to you by email upon receipt of payment.

## PLEASE FILL IN AND RETURN WHOLE FORM AS SOON AS POSSIBLE

## SECTION A: Personal Details (all details required)

First Name:Surname:								
Address:								
	Postcode:							
Email Ad	dress:							
Mobile T	elephone Nu	umber:						
Landline	Number (op	tional):						
	B: Your tick		use tick): S	Stalls	Circle	Aisle	e seat requ	uired?
Number	of standard	tickets (£7	5 each; adu	lts 17-59): _		—		
Number	of concessio	nary ticket	s (£65 each	; children u	ıp to 16, ad	ults 60+):		
1st Thur	s 1st Fri	1st Sat	Monday	Tuesday	Weds	2nd Thurs	2nd Fri	2nd Sat All Standard
	(5)							
	(Please tic	k preferred	d night of d	attendance	e. You can	swap twice	per seasc	on)
SECTION	C: Payment	Method (P	lease tick p	reference a	ind <b>fill in</b> de	etails request	ed)	
<u> </u>	I have used online banking/app to transfer <b>£</b> to business account, named							
V	Wigan Little Theatre (may not be exact match), sort 40-46-32, account 50868264.							
I	performed t	he transfer	on//	fror	n my accou	int:		
А	/C Name:							
Т	This allows us to verify your payment.							
<u>п</u> і	I have enclosed a cheque for <b>£</b> payable to Wigan Little Theatre.							