

Curry and Quiz Booking Form

Team Captain:

Title _____ Forename _____ Surname _____

Team Name _____

Company Name (if applicable) _____

Address _____

Postcode _____ Tel. _____ Email _____

Team Members (teams are of 6 to 8 members)

1. _____

5. _____

2. _____

6. _____

3. _____

7. _____

4. _____

8. _____

Please note any dietary requirements:

Guest:

Dietary Requirement:

Registration & Payment Details £20.00 per person

- I enclose a cheque (made payable to Southampton Hospital Charity) for £ _____
- I enclose cash 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 _____

Address the above card is registered to, if different from above;

Address _____ Postcode _____

Signature _____ Date _____

Return this form to: judith.stephens@uhs.nhs.uk

Southampton Hospital Charity, Mailpoint 135, Southampton General Hospital, Southampton, SO16 6YD