

SUBSCRIPTION BOOKING FORM

| Series | Seating area | Subscription price | No. of subscriptions | Subscription total |
|--|--------------|--------------------|----------------------|--------------------|
| Orchestral Gold Package All 8 Orchestral Concerts | | | | |
| Orchestral Rover Package Any 6 Orchestral Concerts | | | | |
| Orchestral Mini Package Any 3 Orchestral Concerts | | | | |
| Chamber Package All 7 Chamber Concerts | | | | |
| Ticket dispatch | | | | £1.00 |
| Booking Fee (please add £1 per subscription) | | | | |
| Total to pay | | | | £ |

Existing subscription holders

Please tick one box

I wish to retain my regular seat/s.

Orchestral Season

| | | |
|------|-----|------|
| Area | Row | Nos. |
|------|-----|------|

Chamber Season

| | | |
|------|-----|------|
| Area | Row | Nos. |
|------|-----|------|

I wish to change my seats.
My preferred requirements are:

Orchestral Season

| | | |
|------|-----|------|
| Area | Row | Nos. |
|------|-----|------|

Chamber Season

| | | |
|------|-----|------|
| Area | Row | Nos. |
|------|-----|------|

Rover or Mini Series

Please indicate your choice of Orchestral concerts by ticking six boxes (Rover Series), or three boxes (Mini Series).

| | | |
|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> No.1 | <input type="checkbox"/> No.2 | <input type="checkbox"/> No.3 |
| <input type="checkbox"/> No.4 | <input type="checkbox"/> No.5 | <input type="checkbox"/> No.6 |
| <input type="checkbox"/> No.7 | <input type="checkbox"/> No.8 | |

Please return this form together with your payment details to:

Orchestral Season Subscriptions
Bradford Theatres Box Office
Morley Street, Bradford, BD7 1AJ

Personal details

| | |
|-----------------|----------|
| Title | Forename |
| Surname | |
| Address | |
| | |
| | Postcode |
| Telephone (day) | |
| Telephone (eve) | |
| E-mail | |

Payment details

| | | | |
|----------------------|---|--|--|
| Total amount payable | £ | | |
|----------------------|---|--|--|

I enclose a cheque
(payable to *Bradford Council*).

I wish to pay by Credit/Debit Card.

| |
|----------------|
| Type of card |
| Account number |
| |

| | | |
|------------|-------------|-------|
| Start date | Expiry date | Issue |
| | | |

| |
|-----------|
| Signature |
|-----------|

SUBSCRIPTION BOOKING FORM

STANDING ORDER

Standing Orders are only accepted with renewal subscriptions and new subscriptions booked before Mon 26 July 2010.

I wish to pay by Standing Order (Subscription buyers only) and have completed the Standing Order Form below.

Please return this form (photocopies not accepted) together with your Booking Form to:
Orchestral Season Subscriptions, Bradford Theatres Box Office, Morley Street, Bradford BD7 1AJ

Bank details

To the Manager:

| | | | | | | | | | | |
|-----------------------|--|--|--|--|--|--|--|--|--|----------|
| Bank/Building Society | | | | | | | | | | |
| Address of Bank | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | Postcode |

| | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|
| Account number | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|

| | | | | | | |
|-----------|--|--|--|--|--|--|
| Sort code | | | | | | |
|-----------|--|--|--|--|--|--|

| |
|-----------|
| Signature |
|-----------|

Your details

| | |
|---------|----------|
| Name | |
| Address | |
| | |
| | |
| | Postcode |

| | | | |
|---------------|---|--|--|
| Total payable | £ | | |
|---------------|---|--|--|

| |
|-----------------|
| Amount in words |
| |

| | | | | | | |
|------|--|--|--|--|--|--|
| Date | | | | | | |
|------|--|--|--|--|--|--|

For official use only

We will complete the following section on your behalf. There will be seven equal payments with the first payment covering the balance.

| | |
|------------------|---|
| 8 September 2010 | £ |
| 8 October 2010 | £ |
| 8 November 2010 | £ |
| 8 December 2010 | £ |
| 8 January 2011 | £ |
| 8 February 2011 | £ |
| 8 March 2011 | £ |

Payments should be made to:
National Westminster Bank
(56-00-36)
for the credit of the

**City of Bradford Metropolitan District Council,
Account Number 001 43 790.**

Bankers are requested to quote this standing order reference number in full when crediting the account of Bradford Metropolitan District Council.

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