Application Form for Gift Membership

Your details:

Name:_____

Address:_____

Tel no:_____

Recipient details:

Name:_____

Address:_____

Daytime tel no:_____ Evening tel no:_____

Email *:_____

I would like to buy the following Circle membership as a gift: (please tick one box)

Palace Circle

- ☐ Individual £18
- ☐ Individual (discounted) £14
- ☐ Double £25
- ☐ Double (discounted) £20

Directors Circle

- ☐ £150

Discount eligibility
Discounts apply to the following:
Senior citizens, full time students, registered unemployed & disabled people.

Payment details

☐ I enclose payment for the full amount by cheque or credit card

Payment by cheque: Please make cheques payable to Watford Palace Theatre.

Credit card payment: *Mastercard *Visa *Maestro *Amex ** Please delete as appropriate*

Card number: ___ ___ ___ ___ / ___ ___ ___ ___ / ___ ___ ___ ___ / ___ ___ ___ ___

Expiry date: _____ / _____ Valid from: _____ / _____

Issue no (Maestro): _____ Security Code: _____ (last three digits from back of card)

Signed:_____ Date_____

* Certain Circle membership offers will be communicated by email.

A Circle membership pack will be sent out in the name of the recipient but please indicate to which address you would like the details sent:

☐ Your address ☐ Recipient's address

Please return form, with payment, to: Development Department, Watford Palace Theatre, 20 Clarendon Road, Watford, WD17 1JZ.