

PLEASE RETURN THIS BOOKING FORM BY **30TH OCTOBER 2015** TO:
THE ALUMNI & DEVELOPMENT OFFICE, MAGDALENE COLLEGE, CAMBRIDGE, CB3 0AG
events@magd.cam.ac.uk | 01223 768587

MAGDALENE CHOIR ASSOCIATION DINNER

SATURDAY 14TH NOVEMBER 2015

Please complete this form using BLOCK CAPITALS

NAME: _____ TITLE: _____

COLLEGE/AFFILIATION: (if other than Magdalene) _____

MATRICULATION YEAR: (the year you came to Cambridge, not your graduation year) _____

ADDRESS: _____

_____ POST CODE: _____

TELEPHONE NUMBER: _____

E-MAIL: _____

GUEST DETAILS: I will be bringing a guest [PLEASE TICK] YES NO

GUEST NAME: _____ TITLE: _____

ANY SPECIAL DIETARY REQUIREMENTS: Please specify _____

ANY SPECIAL ACCESS REQUIREMENTS: Please specify _____

WOULD YOU LIKE TO SING AT EVENSONG? YES NO

If yes, what voice part will you be singing? _____

SEATING PLAN: Please provide a list of those you would like to sit with at dinner.

1. _____
2. _____

THE COST OF THIS DINNER IS £49.00 PER PERSON

In addition, we are asking members whether they would be willing to donate an additional amount in order that we might be able to subsidise a place for a current choir members attending, this would be most appreciated.

I enclose an optional donation of £_____ to subsidise the cost of the Choir Association Dinner for current members of the College Choir.

PAYMENT CAN BE MADE AS FOLLOWS:

CHEQUE: Please enclose a cheque payable to 'Magdalene College'. Please note: cheques will not be cashed until after the event.

CREDIT/DEBIT CARD: If you wish to pay by debit or credit card please call the Alumni & Development Office during office hours (9.00am-5.00pm, Mon – Fri) on 01223 768587 to transact the payment as the College is PCI compliant.

All applications will be acknowledged by email or post