**Community Group Booking Form**

**Please complete in full**

**Name of Group: ...would like to book tickets to:**

|  |  |
| --- | --- |
| Name of Show |  |
| Date & Time of Preferred Show(if applicable) |  |
| Number attending (total) |  |
| Any Access Requirements (wheelchair users, children with mobility issues, hearing or visual impairments, learning difficulties) |  |

**Contact Details:**

|  |  |
| --- | --- |
| Contact Name |  |
| Job Title |  |
| Email Address |  |
| Phone Number |  |
| Group Name  |  |
| Group Leader Contact Name & Number if different to above |  |
| Group Address |  |
| Group Postcode |  |
| Group Phone Number |  |
| **Please include details for invoicing if different to above** |
| Contact for billing |  |

Please return the completed form to the MAC via email to tickets@themaclive.com .

**Please note:**

* **Tickets will be allocated on a first come first served basis.**
* **15% Deposit is required to secure your order and full payment is required in advance of the show date.**
* **Tickets are non-refundable.**