

Trinity Hall Concert

Trinity Hall, Saturday 20 January 2018

Name:		Mat	Matric Year (if applicable):	
Posta	l address:			
		I	Postcode:	
Telephone:		Email:		
			Quantity	
Full price		£15		
Concessionary (retired)		£10		
Student		£5		
Your tickets will be posted to address given above.				
	I enclose a cheque for £ payable to "Trinity Hall"			
	I wish to make a payment of £ card payment form)		by payment card (please complete the	
	I would like to be informed of future open events at Trinity Hall which include; exhibitions, concerts, lectures and seminars. Please include me on the open events mailing list.			
Signature:		Date:		
Where did you hear about this event?				
	Invitation		Trinity Hall website	
	Publication	Social	l media	
	Event Calendar	What	's On website	
	E-newsletter	Poste	er e	
	Other (please specify):			

Please return to: Alumni Office, Trinity Hall, Cambridge, CB2 1TJ

Alternatively, bookings can be made by phone. Please call: $01223\ 332550$

For email enquiries, please email: arts@trinhall.cam.ac.uk



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☐ I will pay by credit card, and my card do fields):	etails are as follows (please fill in all
The card is a Visa/MasterCard/Maestro/D	elta (delete as appropriate)
Card number:/	_/
Card valid from:/ Card ex	:pires:/
3 digit security number found on the revers	e of the card:
Maestro issue number (if applicable):	_
Amount to debit card: £	_
Cardholder's signature:	
Card holder's details:	
*Required fields	
*Name:	
*Statement Address:	
*Postcode: Coun	ıtry:
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