

Deeside Theatre - Ticket Order Form 2009
Deeside Theatre Only

Name		
Address		
Post Code		
Telephone Number (with STD)		
e-mail address		
Friends of the Aboyne and Deeside Festival		Membership No:

Details of Tickets *(Please use additional sheet if required)*

Event (brief description)	Date	Time	Price (£)	Quantity	Theatre Area	Wheelchair (Y/N)	Total (£)
Total							

Note there are a limited number of Wheelchair places for each performance. Please check with the Community Centre Reception (013398 86222) for further details. **We will do our best to meet your requirements** - individual seat allocation cannot be guaranteed.

I enclose a cheque for £ _____

Cheque Number _____

Please make the cheque payable to "**Aberdeenshire Council**" for Deeside Theatre events

Cheques must be drawn on a UK Bank. We regret that we are unable to accept payment by credit card.

Signature _____ Print Name _____

Date ____/____/____

Please return this form - along with a Stamped and Addressed Envelope to:

The Aboyne and Deeside Festival
 C/O Deeside Community Centre, Bridgeview Road, Aboyne, AB34 5JN, Scotland.

Theatre Use ONLY

Tickets Issued Number of Tickets: _____ Dates: _____ Seats: _____

**Aboyne Swimming Pool and Deeside
 Community Centre**
 Bridgeview Road
 Aboyne
 Aberdeenshire
 AB34 5JN
 Tel: 013398 86222
 Fax: 013398 85020
 Email:
aboyne.pool@aberdeenshire.gov.uk