

**Glitter Ball Booking Form**  
**Saturday 10<sup>th</sup> May 2008**  
**Trinity Rooms, Suffolk Showground, Ipswich**



I require  ticket(s) @ £30 per person  
 ticket(s) @ £20 per carer

*(Each table seats 10 guests or 8 guests plus 1 wheelchair)*

I enclose payment of £..... for..... Tickets. Cheques payable to "Glitter Events"

Please complete the following to enable us to send you your ticket(s)  
 If you are applying for a group of people or a club please indicate below.

Name(s) of guest(s) and age(s) if under 18: *Please print clearly.*

1 .....	Age.....	6 .....	Age.....
2 .....	Age.....	7 .....	Age.....
3 .....	Age.....	8 .....	Age.....
4 .....	Age.....	9 .....	Age.....
5 .....	Age.....	10 .....	Age.....

Club or group name: (if any).....

Named contact and address to which tickets are to be sent .....

Postcode..... Tel no.....

**Specific needs:**

Are you a wheelchair user?  or how many in your group are wheelchair users?   
 if YES,(how many) can transfer to dining chair?  use electric wheelchair?

Any dietary requirements eg how many vegetarians? gluten free diets etc

**Please note:** *If you need individual support you must bring a carer with you.*  
*While plenty of staff will be present to provide general support, we are not able to accept responsibility for individual needs.*  
*We will not be able to administer emergency medication: we will call 999 if needed.*

**Please return completed form to: Suffolk County Council, 6 Cross Street, Eye, IP23 7AB.**  
**Call 01379 873666 for more information. Tickets sold subject to availability.**