



Registration form

Name: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____ Date:

Standing Order form

Bank Name: _____

Branch: _____ Date:

I/We hereby authorise and request to debit my/our account.

Account Name(s): _____

BIC:

IBAN :

In the Wings

€90 Annually

€7.50 per month

On the Stage

€150 Annually

€12.50 per month

Centre Stage

€300 Annually

€25 per month

And CREDIT the account of THE HAWK'S WELL THEATRE LTD
BIC: AIBKIE2D IBAN: IE26AIBK93725846175081

Reference: _____ Start Date:

(Your name) as it will appear on our bank statement. Please allow 5 working days prior to first payment.

Until Further Notice or Final Payment Date:

Signature: _____ Signature: _____

If you wish to pay by cash / credit card / cheque call 071 916 1518 or drop in to us.

If you do not wish to receive invitations or offers to Friends by text message or email, please tick this box.

Your personal details will only be used in relation to the Hawk's Well Theatre Friends scheme.