Sing Messiah

St James Church, Wulfstan Way, Cambridge CB1 8QJ

Saturday 20 April 2024

Singers 4:00 pm; Performance 5:30 pm

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I would like to apply for  |  | tickets, of which |  | are for singers as follows: |

**Name** (please print) **Age** (if under 18) **Voice** (SATB) **Requires music** (Y/N)

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I accept responsibility for return of the music issued to the people listed above.

**Name** (Please print):

|  |
| --- |
|  |

**Address**:

|  |
| --- |
|  |

**Email**: **Telephone**:

|  |  |
| --- | --- |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Either**: | I have made a bank transfer of  | £ | \* |
|  |  |
|  | to St James Church, account number 60515760, sort code 20-17-19. (Please use Payee Reference: Messiah, followed by your surname.) |
|  |  |
| **Or**: | I enclose payment of | £ | \* (Please make cheques payable to St James Church PCC.) |
|  |  |
|  | \* £5 for each standard ticket, £2 for those under 18 years old. |

|  |  |  |
| --- | --- | --- |
| **Either**: | I would like confirmation by email and will collect tickets on the door. |  |
|  |  |  |
| **Or**: | I would like tickets sent in advance and enclose a stamped addressed envelope. |  |

Please return completed form with payment to St James Church, Wulfstan Way, Cambridge CB1 8QJ or by email to musicdirector.stjames@gmail.com