



Hosts & Hostesses cont.:


Guests' names (e.g. Finalists' family members, friends):


**Number of Hotel Rooms required:**

Single:	_____	@€115
Twin:	_____	@€135
Triple:	_____	@€155
Total Number:	_____	Total : €
( Non Refundable )		

**Number of tickets required:**

Adults:	_____	
Hosts & Hostesses:	_____	
Guests:	_____	
Total Number Attending:	_____	@ €40 each = Total : €
( Non Refundable )		

Total amount enclosed: € \_\_\_\_\_

Please make cheque payable to 'No Name Club Ltd.' (Non Refundable)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to:

Noeline Browne, No Name Club, 32 Main Street, Newbridge, Co Kildare before 15<sup>th</sup> March  
Any queries please contact Bernie Divilly Chairperson Events Committee on 087 9918252.