



**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:	_____ @ €35 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 11<sup>th</sup> March