# LEG TAPE SPONSORSHIP BOOKING FORM

Please return to; Manchester Phoenix, 126-146 Fairfield Rd, Manchester. M43 6AT
Cheques made payable to: Manchester Phoenix

| | |
|---|---|
| **Name of Person Booking** | |
| **Date of booking** | |
| **Favourite Player.** | |
| **If this is a gift, name of person who you have bought it for.** | |
| **Contact E-mail Address** | |
| **Contact Telephone Number** | |
| **Address (Inc. Post Code)** | |
| **Programme Printing Instructions** | |

Payment Details
CASH/CHEQUE/CREDIT or DEBIT CARD (Please delete those that don't apply) Please note that Credit Cards are subject to a 4% charge.

Credit/Debit Card Mandate
Please debit my Switch / Delta / VISA / Mastercard / Amex (Please delete as applicable)

Card Holders Name as it appears on card:

_____

Card number in full: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Expiry Date _ _ / _ _ Issue Date _ _ / _ _

Security Number on back of card ____ Issue Number ___

All credit/debit card customers MUST sign the following;

I authorise The Manchester Phoenix, to charge my account the amount of £5 ( plus charge if a Credit Card). The transaction will appear on your statement as Freezing Point.

Signature _____ Date: _____