

**20<sup>th</sup> ANNIVERSARY TEA PAYMENTS FOR A GUEST  
WHO IS NOT A MEMBER OF BUSHEY & DISTRICT U3A**  
PLEASE COMPLETE IN BLOCK CAPITAL LETTERS  
AND RETURN IT TO DENISE RICKWOOD BY EMAIL AT [barrden@gmail.com](mailto:barrden@gmail.com)

**BACS PAYMENT DETAILS:**

BUSHEY & DISTRICT U3A STUDY GROUPS **Account No. 14731059 Sort-Code 23-05-80**  
(Metrobank)PLEASE USE AS REFERENCE: **YOUR SURNAME & YOUR U3A MEMBERSHIP NO.** TO  
ENSURE YOUR PAYMENT CAN BE RECORDED AND CONFIRM YOUR GUEST'S PLACE AT THE EVENT

MEMBER'S NAME			
U3A NUMBER			
YOUR EMAIL ADDRESS			
YOUR PHONE NO.			
GUEST'S NAME			
PLEASE CIRCLE OR HIGHLIGHT AS APPROPRIATE;	MY GUEST IS MY SPOUSE / PARTNER / OTHER RELATIVE / FRIEND & COMPANION FOR THIS EVENT		
THEIR DIETARY REQUIREMENT	All food will be vegetarian plus some smoked salmon sandwiches. IF YOUR GUEST REQUIRES A GLUTEN FREE OPTION PLEASE STATE THAT IN THE BOX BELOW. IF NOT please leave it blank. <b>GLUTEN FREE OPTION IS REQUIRED FOR (GUEST'S NAME HERE).....</b>		
SEATING PREFERENCE (8 TO A TABLE)	IF YOU HAVE ALREADY INDICATED YOU WISH TO BE SEATED WITH SPECIFIC U3A FRIENDS PLEASE NOTE IF THEIR TABLE NOW EXCEEDS 8 PEOPLE YOU & YOUR GUEST MAY BE SEATED TOGETHER BUT ON ANOTHER TABLE. IF YOU NOW WISH TO BE SEATED WITH ANYONE ELSE PLEASE TELL US THEIR NAMES:		
PAYMENT DETAILS	<b>£35 PER GUEST</b> <b>Note: the payment MUST be made by the u3a Member on behalf of their Guest. (using their own surname and U3A number as their reference)</b> <b>Date BACS Payment Made:</b> <b>_____ April 2024</b>		

PLEASE BE AWARE THAT NON-U3A MEMBERS ARE NOT AUTOMATICALLY COVERED BY THE THIRD AGE TRUST INSURANCE FOR THIS EVENT AND BY COMPLETING THIS FORM YOU ACCEPT YOUR GUEST IS ATTENDING AT THEIR OWN RISK