

Milntown Trading Limited, Milntown, Lezayre, Isle of Man, IM7 2AB Telephone 812321 Email enquiries@milntown.org

Annual Garden Pass Application Form

| Title | First Adult | | | | Second Adult | | | |
|--|--|--|---------------|-----------------------|--------------|-------------------|---------|------|
| Surname | First Adult | | | | Second Adult | | | |
| First Name | First Adult | | | | Second Adult | | | |
| Name of Child | First (| Child | D.O.B. Second | | Child | | D.O.B. | |
| Address | | | | | | | | |
| Postcode | | | | | | | | |
| Telephone | Home | | Mobile | | Home | | Mobile | |
| Email address | <u> </u> | | | | | | 1 | |
| | ı | | | | l | | | |
| I would like you to add my email address to your mailing Milntown updates and information about future events? | | | | | g list to re | eceive | Yes | No |
| L | | | | | | | | |
| Date | | | | Signature First Adult | | | | |
| ~ PLEASE PROVIDE A PASSPORT SIZED PHOTOGRAPH THAT IS REASONABLY UP TO DATE FOR EACH ADULT ~ (we cannot process pass until photograph provided) | | | | | | | | |
| Photograph supplied? | | Yes / No (to be forwarded) | | | | SELECT | TICKET | TYPE |
| Adult Ticket | | £20.00 | | | | | | |
| Family Ticket | | £40.00 (2 adults & 2 children 5-15yrs) | | | -15yrs) | | | |
| Payment | | Cash ~ Debit/Credit Card ~ Cheq | | | eque | Payment taken by: | | |
| ~ TICKI | ETS AF | RE VALID FO | OR ONE | YEAR F | FROM DA | ATE OF I | PURCHAS | E ~ |
| Please complete and return to: Milntown Trading Limited, Milntown, Lezayre, Isle of Man, IM7 2AB | | | | | | | | |
| For official use only | | | | | | | | |
| Date posted | | | | Card Number(s) | | | | |
| Valid From | | | | Expiry | Doto | | | |