

**School Events 6th- 7th April 2019**

**Cambridge Literary Festival**

# Booking Form

Please fill in the form below, as per the example, indicating which author event you wish to reserve tickets for.

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| ***Example only***  *Author name:* **Jeremy Strong**Date and time: **Sunday 7th April 1 – 2pm**  *Number of tickets requested:* ***7***  *Any other comments:* **N/A** |

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| **EVENT ONE – The Lost Magician, McCrum Lecture Theatre (Age 9+)**  Author name: **Piers Torday** Date and time: **Saturday 6th April 11.30am – 12.30 noon**  *Number of tickets requested:*  *Any other comments:* |

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| **EVENT TWO – Mr Penguin, Baillie Gifford Stage (Age 6+)**  Author name:  **Alex T Smith** Date and time: **Saturday 6th April 1 – 2pm**    *Number of tickets requested:*  *Any other comments:* |

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| **EVENT THREE – Amelia Fang, McCrum Lecture Theatre (Age 8+)**  Author name:  **Laura Ellen Anderson** Date and time: **Saturday 6th April 1 – 2pm**    *Number of tickets requested:*  *Any other comments:* |

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| **EVENT FOUR – Horrid Henry, Babbage Lecture Theatre (Age 5+)**  Author name:  **Francesca Simon** Date and time: **Saturday 6th April 2:30 – 3:30pm**    *Number of tickets requested:*  *Any other comments:* |

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| **EVENT FIVE – The Valentines, Palmerston Room (Age 10+)**  Author name:  **Holly Smale** Date and time: **Saturday 6th April 4 – 5pm**    *Number of tickets requested:*  *Any other comments:* |

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| **EVENT SIX – Barry Loser, Palmerston Room (Age 8+)**  Author name:  **Jim Smith** Date and time: **Sunday 7th April 11:30am – 12:30 noon**    *Number of tickets requested:*  *Any other comments:* |

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| **EVENT SEVEN - Armadillo and Hare, Babbage Lecture Theatre (Age 6+)**  Author name:  **Jeremy Strong** Date and time: **Sunday 7th April 1 – 2pm**    *Number of tickets requested:*  *Any other comments:* |

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| **EVENT EIGHT - Pages & Co, McCrum Lecture Theatre (Age 8+)**  Author name:  **Anna James** Date and time: **Sunday 7th April 4 – 5pm**    *Number of tickets requested:*  *Any other comments:* |



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| SCHOOL DETAILS  School Name: …………………………………………………………………………..……  PERSONAL DETAILS  Address: …….…………………………………………………………………………………..  Postcode ……………………………………………………………………………….……….  Contact name ………………………..………………………………………….….……….  Email Contact: …………………………………………………………...…….………. |

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| Signed: ……………………………………………… Date: ……………………..……… |

**PLEASE RETURN THIS FORM ASAP AND BY FRIDAY 29th MARCH 2019**

Please return this form to Mo Soper at: [admin@cambridgeliteraryfestival.com](mailto:admin@cambridgeliteraryfestival.com) / 01223 515335