

**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 DETAILSSchool Name: …………………………………………………………………………..…… PERSONAL DETAILSAddress: …….………………………………………………………………………………….. 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 / 01223 515335