

## GOODWOOD MEMBERS' CHRISTMAS BALL SATURDAY 7 DECEMBER 2024

| PERSONAL DETAILS                                                                                                                                                                        |  |                                                                                                                             |            |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|------------|--|
| Name of Member                                                                                                                                                                          |  |                                                                                                                             |            |  |
| Goodwood Club                                                                                                                                                                           |  | N                                                                                                                           | Iember No. |  |
| Guest Names  Please list each of your guests names in full including their title ie 'Mr John  Wilson'. This information is required for the Table Plan - Thank you.                     |  |                                                                                                                             |            |  |
| Daytime Phone No.                                                                                                                                                                       |  | Mobile No.                                                                                                                  |            |  |
| Special Dietary Needs                                                                                                                                                                   |  |                                                                                                                             | •          |  |
| Special Access Requirements                                                                                                                                                             |  |                                                                                                                             |            |  |
| Email Address                                                                                                                                                                           |  |                                                                                                                             |            |  |
| TICKET ORDER CO                                                                                                                                                                         |  | COST INCLUSIV                                                                                                               | E OF:      |  |
| Price £200 pp Qty  TOTAL                                                                                                                                                                |  | Champagne Reception Three-course meal Half a bottle wine with Dinner After dinner coffee and chocolates Fireworks Live Band |            |  |
| PAYMENT DETAILS                                                                                                                                                                         |  |                                                                                                                             |            |  |
| Please select your preferred payment method:                                                                                                                                            |  |                                                                                                                             |            |  |
| Payment by Card – Please contact Rose Carrassi on 01243 755029                                                                                                                          |  |                                                                                                                             |            |  |
| Payment by Cheque – Please make cheques payable to Goodwood Racecourse Ltd                                                                                                              |  |                                                                                                                             |            |  |
| Payment by Bank Transfer  The Goodwood Estate Company Limited National Westminster Bank, Chichester Sort Code: 60-05-24 Account No: 21738289 Reference: Full Name & Christmas Ball 2024 |  |                                                                                                                             |            |  |
| Please return the completed form to: Rose Carrassi, Goodwood Racecourse Ltd, Goodwood, Chichester, West Sussex PO18 0PS  Email: hrc@goodwood.com                                        |  |                                                                                                                             |            |  |