



Lunch4Life Diamonds and Tiaras Ball

Saturday, 16 November 2024
6:30 p.m. to 1 a.m.

Wentworth Club
Virginia Water, Surrey

for the benefit of
Fight Breast Cancer Charity (Registered Charity Number 1146253)
and
St. Mark's Hospital Foundation (Reg. Charity No. 1140930)

Reservation Form (please type or print legibly)

Name: _____

Address: _____

Telephone: _____

Email: _____

Number of tickets _____ @ £150 = Total £ _____

Tables are for 10 to 12. Please read the important information on the next page and type or print the requested details for yourself and any guests you are paying for.

Please tick a box to indicate payment method:

By bank transfer to **Barclays Bank plc**
Account Name: **Lunch for Life**
Sort Code: **20-97-58**
Account Number: **03899268**
Ensure that the payment reference includes your surname.

By cheque payable to "**Lunch for Life**"

By online payment via
Click to pay [here](#)
If you pay online please be sure to fill in and send this form as well.

Please complete both pages of this form with all information.

Save as a pdf (or scan a copy) and send to: lunchforlife@hotmail.co.uk

or print both pages and send to:

L4L c/o Karin Small, 143 Church Street, Staines, Surrey TW18 4XZ

Deadline for receipt: 25 October 2024

Reservations are not confirmed until payment is received. No refunds will be given.

By completing this form, you are giving Lunch4Life permission to contact you about Lunch4Life news and events. Your details will remain confidential and will never be disclosed to any third party for marketing purposes. Details may be shared with givefundraising.co.uk only to facilitate the collection of payments for and distribution of auction prizes. You can give or revoke this permission at any time by emailing lunchforlife@hotmail.co.uk.



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The evening will begin with a Champagne Reception at 6:30 p.m. followed by a delicious three-course meal with wine per person and dancing to a live band until 1 a.m. Additional beverages may be purchased from the bar.

Please provide the following information for yourself and your guests.

It is very important that you take extra care to ensure you inform us of all of your guest's dietary requirements. Please note N/A if there are none.

Name	Dietary Requirements	** Photo Consent (Yes/No)

To help us prepare a table plan, please also indicate anyone else with whom you wish to sit.

I/We wish to sit with: _____

**** Photo Consent:**

The Lunch4Life Committee wishes to share photographs and/or videos of our fundraising events on our website, in press releases, and/or through social media (e.g., Facebook) to:

- Highlight the charities for which we are raising money;
- Raise awareness of and promote future fundraising efforts; and
- Illustrate what our fundraising events offer to prospective supporters.

We never identify any guests/supporters by name without seeking full consent in advance. You can give or revoke this permission at any time by emailing lunchforlife@hotmail.co.uk.