

**MERCHANT TAYLORS' SCHOOLS**  
**MEDICS' DINNER**  
**21<sup>st</sup> APRIL 2012**  
**PAYMENT & BOOKING FORM**

Title: ..... Full Name: ..... Maiden Name: .....

Leaving Year: ..... Current Medical Post: .....

Home Address: .....

.....

Post Code: ..... Tel. No: ..... Email: .....

Guest (inc. full name and title): .....

Total to Pay: £28 per person

Dietary Requirements: .....

A seating plan will be created for the evening at our discretion, however, should you have any seating requests, please specify them below and we will do our best to honour them:

.....

.....

Tour of the Schools (please circle one answer as appropriate):

Girls' School / Boys' School / No tour, thank you

---

***Payment by Cheque:***

Please make your cheque payable to 'The Merchant Taylors' Schools, Crosby'

***Direct Payment:***

Barclays Bank

Sort Code 20-10-84

Merchant Taylors' Schools, Crosby, account number: 50840068

Please quote your name as a reference on the transaction

Date of transaction: .....

**Please return this form including payment details/cheque to:  
The Marketing & Development Office, Merchant Taylors' Schools,  
186 Liverpool Road, Crosby, Liverpool L23 0QP.**

**For office use:**

<input type="checkbox"/>	Date Received
<input type="checkbox"/>	Paid
<input type="checkbox"/>	Dietary Request
<input type="checkbox"/>	Seating Request
<input type="checkbox"/>	Guest
<input type="checkbox"/>	Confirmation sent
<input type="checkbox"/>	Copy to Finance
<input type="checkbox"/>	MC ID No.
<input type="checkbox"/>	S3 tag & com log
<input type="checkbox"/>	Spread sheet