|  |  |
| --- | --- |
| **Extra Guest Ticket**  **Payment Form, October 2018** | https://www.gre.ac.uk/__data/assets/image/0007/1367179/UoG_RGB.jpg |

**THIS FORM MUST BE RETURNED BY THE DATE STATED IN YOUR CONFIRMATION EMAIL via email to** [**awards@gre.ac.uk**](mailto:awards@gre.ac.uk)**.** Please complete all sections **CLEARLY AND IN BLOCK CAPTIALS**

|  |  |
| --- | --- |
| **Student ID number** | **000** |
| **Ceremony date and time** |  |
| **Full Name** |  |
| **Email Address** |  |
| **Contact Telephone Number** |  |
| **Number of extra guest tickets @ £20 each** (maximum of 2) |  |
| **Total amount to be taken:** | **£** |
| **Card Type**  Debit/credit card only |  |
| **Card Number:**  (we do not accept Visa Electron, American Express or Pre Payment cards) | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **Start Date** |  |
| **Expiry Date:** |  |
| **Security number:**  **(last 3 digits on back of card)** |  |
| **Issue No:** (if applicable) |  |
| **Name on Card:** |  |
| **Billing Address House No.:** |  |
| **Billing Address Postcode:** |  |
| **Notes** | Please visit our website regarding the University’s policy to the **non-attendance of children under the age of 5**. All children aged 5 or over must be accompanied by an adult and have a guest ticket.  Please email [awards@gre.ac.uk](mailto:awards@gre.ac.uk) if any of your extra guests require special requirements to attend the ceremony, as we may have reached our wheelchair capacity in your ceremony.  Please note: your reply form with payment details will be stored securely in our office, and then destroyed 28 days after your ceremony date. |

**FOR OFFICE USE**

Form Received:

Date Payment Taken:

Acknowledgement email: