



## **Spillers Demonstration Dates Acceptance Form**

I would like to attend the following demonstration date/s:

Date:	No. of people
Date:	No. of people
Total cost £ (£20 pe	er person/per demo)
Non Refundable if cancelled less than 24 hour	rs before event
$\square$ I have enclosed a cheque for th	ne correct amount
$\square$ I would like to pay by card (plea	ase complete details)
□ Visa □ Switch/UK N	laestro
☐ Mastercard ☐ Solo	
Card No.	
Valid from/_ Expiry d	late/
Issue No. (if applicable)	Security Code (Last 3 digits on signature strip) — — — —
Name	
Address	
	Postcode
Telephone	
E-Mail	

Please complete form and return to:

Spillers of Chard Limited, The Aga Cooker Centre, Chard Business Park, Chard, Somerset. TA20 1FA