



# **MERLIN'S MAGIC WAND**

## **APPLICATION FOR ATTRACTION TICKETS**

**Please complete this form and return it to:**

**HILARY BIRKINSHAW, *MERLIN'S MAGIC WAND*, c/o MERLIN ENTERTAINMENTS, SILVERGLADE BUSINESS PARK, LEATHERHEAD RD, CHESSINGTON. KT9 2QL**

**Or email to: [hilary.birkinshaw@merlinentertainments.biz](mailto:hilary.birkinshaw@merlinentertainments.biz)**

<b>Applicant's Name:</b>	
<b>Address:</b>	
<b>Tel:</b>	<b>Date:</b>
<b>Email:</b>	
<b>Merlin Employment: (If applicable)</b>	
<b>Name of any Associated Charity, Registration No. and address: (If applicable)</b>	
<b>Name of attraction to be visited and number of tickets requested:</b>	
<b>Are others involved in assisting with this initiative?</b>	
<b>What do you want to achieve?</b>	
<b>Who will benefit?</b>	
<b>Are you also seeking help with travel costs? (Please provide a breakdown).</b>	

**Is this the total funding required for the initiative?**

**How are other funds being raised? (If applicable)**

**Have applications been made to any other funding bodies. (If 'Yes' – please provide details):**