Online Product Request

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| Society/Club Name: … | Committee Position:… |
| Name: … | Username: … |

**Name of Product/Event:** *This will appear on the webpage* **Date and time of Event:**

… …

**Description:** *Give a brief outline or information*

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**Prices**: MUST include VAT, unless the product is VAT exempt

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| Members: … |  |
| Non Members:… | Department Code: |
| Price excluding VAT: …  *if applicable* | Finance Code: |

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| **Available to (Excluded Edge Tickets):** | **Number of items available**  **(Excluded Edge Tickets):** |
| Members Only : | Specific Number: … |
| Members and Non-Members:  Exclude Under 18s? (for example, club nights): | Unlimited Number: |
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| **Edge Tickets:** |
| The Edge Arts Theatre:  Weston Studio:  Would you like to make provision for wheelchair access? |
| Ticket types and prices:  Student:  Price: …  General:  Price: …  Concession: :  Price: … |
| If you want the bar open in The Edge during your event, please email: [edge-info@bath.ac.uk](mailto:edge-info@bath.ac.uk) |

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| **How many tickets do you want on sale?**  *The numbers provided are the capacity in both theatres, if you want less seats due to sound desk for example, please subtract the number of seats required from the total capacity* |
| The Edge Arts Theatre:  200:  218:  *with additional row*  Weston Studio:  70:  94:   *with additional row* |
| Date of Show: … Number of tickets to be sold: …  Date of Show: … Number of tickets to be sold: …  Date of Show: … Number of tickets to be sold: …  Date of Show: … Number of tickets to be sold: … |
| ***Please Note:*** *Any reserved seating must be labelled on the seat by the committee* |
| ***Important:*** *An Events Schedule must be sent to the Edge to prepare Ushers/Duty Managers for your event.* |

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| **Customisations (if applicable) Add another sheet if necessary** | | |
| Size Options: | Colour Options: | Name Options |
| 1.... | 1.... | 1.... |
| 2.... | 2.... | 2.... |
| 3.... | 3.... | 3.... |
| 4. | 4.... | 4.... |
| 5.... | 5.... | 5.... |
| **Meal Options: (please submit this form via email if there are meal options)** | | |
| Starter: | Main Course: | Dessert: |
| 1.... | 1.... | 1.... |
| 2.... | 2.... | 2.... |
| 3.... | 3.... | 3.... |
| 4.... | 4.... | 4.... |
| 5.... | 5.... | 5.... |
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| **Email Receipt** |

Please return this form to:

Sport – subathsport@bath.ac.uk

OR Societies – susocieties@bath.ac.uk

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| **On Sale:** | Date:… | Time:… |
| **Off Sale:** | Date:… | Time:… |