



Ticket Refund Request Form

Ticketing & Contact Details

Name	
Address:	
City/County:	Postcode:
Telephone:	
Email:	

Date Attended:
Numbers of tickets purchased:
Category of ticket:
Purchase date:
Total amount paid:
Booking reference:

* All information will be kept confidential

Please return completed form to the following address:

ACE Group
13 Harwood Road
London
SW6 4QP