



**DISABLED  
SUPPORTERS  
ASSOCIATION**

Dear MUDSA Member,

If you would like to be considered for this year's Christmas party (and a chance to meet most of the United players!) you should note the following before completing the tear off slip at the bottom of this page:

The 2017 MUDSA Christmas party will be held in December (or maybe early January) and start at 11.30 am, although this may be subject to change at short notice.

In applying, you are confirming that you are able to attend the party on any given day, at any specified time and able to accept an invitation at short notice. The ticket price will be £20.00 per person (inc. children) this year. This price includes a hearty buffet breakfast. (Bar will be open)

Due to the anticipated demand, the submission of a cheque should **NOT** be seen as a guarantee of tickets. Members will usually get the opportunity to attend approximately every **four** years. But, be sure to apply every year, as a list of applicants is made, so everyone will get their turn to attend.

***After considering the above please follow the procedure below;***

1. Complete the tear off slip below and send a cheque to me, signed and dated, made payable to MUDSA. Send it to the address below, by Friday 24<sup>th</sup> November 2017
2. Please indicate on the back of your cheque if you want ONE or TWO tickets (TO A MAXIMUM OF **ONE DISABLED PERSON PLUS ONE CARER OR GUEST**).  
Please do not ask for more than one guest.
3. You MUST enclose an S.A.E with your application with a **1<sup>st</sup> Class** stamp attached, without which your application will be rejected.
4. Cheques will be returned to unsuccessful applicants.
5. Sending an E mail to me does **NOT** count as an application. You must fill in a form & send it.

**Ann-Marie Lewis pp MUDSA Committee**

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### **MUDSA CHRISTMAS PARTY 2017**

I wish to be considered for this year's MUDSA Christmas Party. Please tick the box that applies to you.

I enclose a £20.00 cheque as I will be attending on my own [ ☐ ]

I enclose a £40.00 cheque as I wish to bring a carer [ ☐ ]

Name: .....Membership No.....

Email.....HomeTel:.....Mobile.....Address.....

.....Postcode.....

Please circle whether you are:    W/Chair       V. Impaired       Ambulant

Please tear off this slip and return along with your **cheque** and an **S.A.E with 1<sup>st</sup> Class stamp** to  
Ann Marie at 17 Bala Avenue, Greenfield, Flintshire, N. Wales, CH8 7HD