



ORDER FORM

Please complete one form per pass and hand in with full payment to your PTA representative

TITLE (Please select one): MR MRS MISS MS DR

FIRST NAME:

LAST NAME:

MOBILE No.:

EMAIL*:

NAME TO GO ON PASS:**

FIRST NAME:

LAST NAME:

* We need this information in order to upgrade any passholder who buys a pass and then downloads the Essex Pass app

**The name on the pass is the main passholder. Only they can claim the discounts. The passholder may be an adult or child depending on your choice eg the latter may be preferable if a number of different people (parents/carers/grandparents) accompany your child when visiting attractions.

For more information please visit essexpass.com or ask your PTA representative for a copy of our FAQs.

I enclose payment of £8.00 per Essex Pass

SIGNED:

PRINT NAME:

DATE:

CHILD'S NAME & YEAR GROUP (IF MORE THAN ONE CHILD IN SCHOOL, PLEASE GIVE DETAILS FOR OLDEST CHILD)