**Registration form Kerstwintercircus 2025**

Name and initials: ........................................................ DAF Registration number ................

**Email address:** …………………………………………………………

Would like to order ………. entrance tickets for the following performance: (mark what applies)

○ 20 dec 12:00 hr ○ 25 dec 12:00 hr

○ 20 dec 16:00 hr ○ 25 dec 16:00 hr

○ 21 dec 12:00 hr ○ 26 dec 12:00 hr

○ 21 dec 16:00 hr ○ 26 dec 16:00 hr

○ 22 dec 12:00 hr ○ 27 dec 12:00 hr

○ 22 dec 16:00 hr ○ 27 dec 16:00 hr

○ 23 dec 12:00 hr ○ 28 dec 12:00 hr

○ 23 dec 16:00 hr ○ 28 dec 16:00 hr

○ 24 dec 12:00 hr ○ 29 dec 16:00 hr

○ 24 dec 16:00 hr

Please fill in the names and details of the participants below and indicate your relationship to them (e.g. son, daughter, father, grandchild)

\* If you want an entrance ticket for yourself, also include your own name below!

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Initials | Date of Birth | Relationship PV member |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |

I agree that the total amount to be paid will be deducted from my salary. (If you no longer work at DAF, you will receive an invoice for the total amount).

**You will receive your ticket(s) digitally directly from the Parktheater, for which it is necessary to provide your email address and name to the Parktheater. These details will only be used once by the Parktheater Eindhoven to send the digital tickets!**

Date: ............................ Signature: ………………….

**Registration closes on Thursday, October 30, 2025**.

Please send/email this form as soon as possible to:

Secretariat Employee Association

Internal postal code: D07.01.160

External mail: PO Box 90065

5600 PT Eindhoven

**Email: DAF.personeelsvereniging@daftrucks.com**