

CHRIST'S HOSPITAL FOUNDER'S DAY DINNER

BED & BREAKFAST ACCOMMODATION IN GRECIANS HOUSES

SATURDAY 16TH OCTOBER 2010

APPLICATION FORM



Name & Address:		
Telephone:		
Email:		
Reservations at £40 each:	Number:	Cost:
		£
I enclose a separate cheque payable to <i>CHRIST'S HOSPITAL FOUNDER'S DAY</i>		
N.B. I UNDERSTAND THAT IF TOTAL RESERVATIONS DO NOT MEET THE REQUIRED MINIMUM LEVEL I WILL BE INFORMED BY 18 TH SEPTEMBER THAT MY RESERVATION HAS BEEN CANCELLED AND MY CHEQUE WILL NOT BE CASHED		