

CHRIST'S HOSPITAL FOUNDER'S DAY DINNER

CHRIST'S HOSPITAL, HORSHAM

SATURDAY 16TH OCTOBER 2010

APPLICATION FORM

Name & Address				Maiden Name	
				Tel	
				Email	
Years at CH:		House/Ward:			
Almoner	<i>Tick Box</i>	Governor	<i>Tick Box</i>	Steward	<i>Tick Box</i>
Teaching Staff	<i>Tick Box</i>	Officer	<i>Tick Box</i>	Other (please specify)	
Guest Title & Name				CH Connection (if any)	
Any Special Dietary Requirements?		Self		Guest	
Seating Preference					

TICKETS			
<i>Please tick boxes as appropriate</i>			
<input type="checkbox"/> Standard @ £70 each	Number	Cost	
		£	
<input type="checkbox"/> Discounted @ £45 each (not available for guests)			
<input type="checkbox"/> Aged under 28		£	
<input type="checkbox"/> Aged 80 or over		£	

PLEASE RETURN THIS FORM TOGETHER WITH		«RefNo»
<ol style="list-style-type: none"> 1. A CHEQUE payable to CHRIST'S HOSPITAL FOUNDER'S DAY 2. A STAMPED ADDRESSED A5 (9" x 6") ENVELOPE 		
<u>BY SATURDAY 18th SEPTEMBER 2010 at the latest</u>		
TO: Founder's Day Dinner C/o The Counting House Christ's Hospital HORSHAM West Sussex RH13 0YP		
<i>For Any Queries, please contact:</i> Roger Eades Tel: 01932 352 049 Email: rogereades@o2.co.uk		