

**THIRTY FIFTH GERRARDS CROSS SUMMER SCHOOL**

**2018 APPLICATION FORM**

Mr / Mrs / Miss / Dr	First Name	Surname	
<b>One form per <u>person</u> (photocopies or printed copies from the website are accepted)</b>			
Address			
Postcode			
Email address			
Telephone nos.	Home:	Mobile:	
Where did you obtain the programme?	Do you have specific Dietary Requests? Please give details:		
<p>I apply for a place(s) on the following course(s) and <b><u>enclose one s.a.e.</u></b> together with <b><u>a separate cheque for £50 for each course</u></b>, payable to GERRARDS CROSS SUMMER SCHOOL.</p> <p>I have read and noted the booking arrangements set out in the brochure.</p>			
Signature		Date	
<b>Date</b>	<b>Course No.</b>	<b>Course Name</b>	<b>Fee Enclosed</b>
Written applications only to: <b>GX SUMMER SCHOOL, MEMORIAL CENTRE, EAST COMMON, GERRARDS CROSS, SL9 7AD</b> <b>Please be sure to include your stamped addressed envelope and cheque(s)</b>			
Future communication	If you are happy to access next year's brochure by email, or directly on the website rather than receiving it in the mail, please tick here (there will always be paper copies available for collection at the Memorial Centre)		<input type="checkbox"/>

**In the event of my chosen course(s) being fully booked, I will accept any of the following alternatives :-**

Date	Course No.	Course Name

**Enrolments are taken in the strict order in which they are received.**  
**Filling in this page will in no way alter this procedure**