

THIRTY SIXTH GERRARDS CROSS SUMMER SCHOOL

2019 APPLICATION FORM

Mr / Mrs / Miss / Dr	First Name	Surname
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One form per person (photocopies or printed copies from the website are accepted)

Address

Postcode

Email address

Telephone nos.

Home:

Mobile:

Where did you obtain the programme?

Do you have specific Dietary Requests? Please give details:

I apply for a place(s) on the following course(s) and **enclose one s.s.a.e.** together with **a separate cheque for £50 for each course**, payable to GERRARDS CROSS SUMMER SCHOOL.

I have read and noted the booking arrangements set out in the brochure.

Signature

Date

Date	Course No.	Course Name	Fee Enclosed

Written applications only to: **GX SUMMER SCHOOL, MEMORIAL CENTRE, EAST COMMON, GERRARDS CROSS, SL9 7AD**

Please be sure to include your stamped self addressed envelope and cheque(s)

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 box (there will always be paper copies available for collection at the Memorial Centre)

PLEASE TURN OVER PAGE FOR FURTHER INFORMATION

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

CHECKLIST:

- Have you completed the Application Form on both sides (if needed)?**
- Have you written a separate cheque for EACH course?**
- Have you included a stamped self addressed envelope?**