PLEASE USE THIS FORM FOR GROUP BOOKINGS

NAME OF GROUP:			
CONTACT:			
Name:			
Address:			
Town:			
Postcode:			
Tel. No:			
Proposed Date of Visit:			
Time:			
Approx. No. in Party:			
Refreshments, Please se	ect:		
O Tea, Coffee & cake		○ None	
Any other Information/Qu	estions		
Please Return to :-			
The Warden Sackville College High Street East Grinstead West Sussex RH19 3BX			
Tel: 01342 323414			

 $email: \underline{admin@sackvillecollege.org.uk}\\$

This form can be filled out either on a computer and emailed or by hand and posted.