

G.S. SQUASH

Graham Stevenson

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ACCEPTANCE FORM

G.S. EASTER 2012

SUPER-SQUAD

Please complete this form, as appropriate, and ideally **return Form/Fee to Graham Stevenson, at the above addresses, AS SOON AS POSSIBLE**, or if close to the date, please **call or e-mail to check availability / book a place**, and bring the form/fee with you to the Squad.

I wish to attend the Squad below, and I enclose the **appropriate fee of £35.00**.

Please make **cheques payable to 'Graham Stevenson'**, or if 'bacs' payment is preferred, please ask for details.

WEDNESDAY 11th APRIL 2012.
(10.00am to 5.00pm – Bluecoats, Christs Hospital)

PROGRAMME: To be decided, but it will be GOOD!

NAME (BLOCK CAPITALS):

Telephone Number: **(home)**

..... **(daytime emergency)**

e-Mail Address:

Date of Birth: **Club:**

Any special Medical Condition or Medication:

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