**APPLICATION FOR PLACES AT THE SOF BURY ST EDMUNDS ON 6th JUNE 2024**

(This form can be completed in MS Word by entering text)

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name |  | Email |  |
| Address |  | Telephone |  |

Please complete a line of the form below for each attendee, *including* the applicant named above. Seating is informal with tables provided.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Surname** | **First Name** | **House and Years at FCPS/FC****(OFs only)** | **Date of Birth****(only required if claiming subsidised ticket for under 30s**) | **Any Special Dietary Requirements?** | **Cost****(£35 pp or £20****for a subsidised place)** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |
|  |  |  |  |  | **TOTAL COST** | **£** |
|  | **Names of Guests to be seated** **together on table:** |  |

Please assist by making firm bookings only.

Please *send the completed application form and a cheque* for the Total Cost made payable to The Society of Old Framlinghamians to: Kate Jackson, Old Framlinghamian Coordinator, Framlingham College, Suffolk. IP13 9EY or *Pay Online* to Society of Old Framlinghamians Sort Code 40-25-31 Account Number 72346451 Reference BURY SUP and Surname and email a completed copy of the application form to kjackson@framlinghamcollege.co.uk confirming that payment has been made online.

*CLOSING DATE SUNDAY 1st JUNE 2024.*

All applications will be acknowledged. However, payment without receipt of an Application Form or receipt of an Application Form without payment will not guarantee a place.

For further information, please contact Kate Jackson on +44 01728 727227 or kjackson@FramlinghamCollege.co.uk

Or **SOF Hon Gen Sec,** **Ruth Elwood** on +44 01449 768828 or 07976 801639 or **gensec@oldframlinghamian.com**