

Eastern Cape Schools Festivals Enrolment Form

Please print, complete, and forward both of these booking forms to the Grahamstown Foundation to secure your booking.

(See page 4 of your booking kit for information on how to proceed.)

Name of School: _____

Address: _____

Postal Code: _____ Telephone Code: _____

Telephone Number: _____ Fax Number: _____

Teachers' cell numbers: _____

Home number/email: _____

Names of teachers accompanying pupils:

1. _____ 2. _____

3. _____ 4. _____

Do you have your own transport during the festival? *(please circle)* YES / NO

i.e. if the pupils have to move to another venue for a performance are you able to transport your own pupils?

Dietary preferences. Only those who have indicated dietary preferences in advance will be catered for *(enter the number of delegates in your party requiring special meals)*

How many PUPILS are:

How many TEACHERS are:

Vegetarian _____

Vegetarian _____

Halaal _____

Halaal _____

Ordinary _____

Ordinary _____

Kosher - Unfortunately, we are unable to provide Kosher meals.

Summary of Fees Paid:

Number of delegates _____ x R320 = _____

Method of payment: *(please circle)* Cheque by registered mail / Direct deposit

