

SASOL Free State/Northern 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**

