SASOL Mpumalanga 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.)

Address:	
Postal Code:	Telephone Code:
Telephone Number:	Fax Number:
Teachers' cell numbers:	
Home number/email:	
Names of teachers accompany	ying pupils:
1	2
3	4
i.e. if the pupils have to move to another venue for Dietary preferences. Only thos	Iring the festival? (please circle) YES / NO r a performance are you able to transport your own pupils? Se who have indicated dietary preferences in ter 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	e unable to provide Kosher meals.
Summary of Fees Paid: Number of delegates	x R320 =
Method of payment: (please cir	rcle) Cheque by registered mail / Direct deposit

2011 Sasol Mpumalanga Schools Festival Workshop & Enrolment Form

SCHOOL: _____

	SURNAME Please PRINT VERY CLEARLY. Faxes are often difficult to read.		INITIAL	STATUS Pupil/ Teacher T / P	Fe N	SEX Female/ Male M / F	RACE Black, White, Coloured, Indian or Asian	WORKSHOP CHOICES (In order of preference) Please call Lily: 046 603 1107 to receive a list of workshop choices			
0	Example:	NGANDI	AB	Р	17	М	Coloured	13	10	8	1
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