

SWANMORE PARENTS' ASSOCIATION

# QUIZ NIGHT

SAT. 17<sup>TH</sup> MARCH 2012-COLLEGE HALL - 7.30 -1 1.00PM

## APPLICATION FORM

Please complete this form and return it to the College reception where your tickets can be collected or sent home with your child.

[Indicate preference on the form below]

I .....(name) would like  
..... tickets for the SPA QUIZ NIGHT and enclose cheque/money in  
the sum of ..... (tickets are £8.50 per person - please make  
cheques payable to Swanmore Parents' Association\*)

My contact details are: Telephone:.....

Child's name:.....

and year:.....

I will collect the tickets..... Send tickets home with my child.....

\*We recommend teams of 8-10 but if smaller we can pair up teams or seat you individually - please indicate which you would prefer:

.....  
.....