



Cookes 50th Reunion
Saturday, 21st November 2015

(Please complete in BLOCK CAPITALS)

Full Name

Telephone Number

Email Address

Years at School: Start to End House (Other than Cookes)

(Please delete as appropriate)

- I would like to attend the Cookes Reunion
- If you would like to bring a partner, please provide their name
.....
- I would also like to take part in the Oral History Recordings
(Note: the recordings will take place at allotted times during the afternoon)
*If yes, please **specify the latest time** you need to **leave** Bromsgrove by: _____ pm*
- I wish to be seated on the table during lunch with (please provide full names, tables are up to 10 people).
.....
.....
.....
(Whilst we will try to accommodate your preferences this may not always be possible).
- Please list any dietary requirements
- I require disabled parking Car Reg No:.....
- I am unable to attend this event

Please return this form to: Megan Griffiths, Bromsgrove School, Worcester Road, Bromsgrove, Worcestershire B61 7DU, or email her at mgriffiths@bromsgrove-school.co.uk