

Dinner Choices & Payments Form – FRMS AGM 2018

Name _____ Society _____

Address & Postcode _____

Please list below the Name(s) of Delegate(s) taking the Saturday Night Dinner and in each case enter their choices (e.g. S2, M3, P1) by referring to the 'Dinner Menu'

Name _____ Choices ____ / ____ / ____

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Name _____ Choices ____ / ____ / ____

Number attending the Recital _____

Please make out a cheque to 'FRMS Ltd' for the total amount of your Society's delegation and return to the FRMS Secretary, 6 Oakroyd Close, Brighouse, HD6 4BP by Wednesday October 17, 2018. A receipt will be sent to you if you include a S.A.E. when returning this form. Additional copies are available from the FRMS website at www.thefrms.co.uk.

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