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Enrolment Form - French for Holidays

Surname : _____

First name : _____

Address : _____

Post code : _____

Telephone No. : _____

Email Address : _____

Is there any medical information we should be aware of ?

In case of an emergency, who should we call ?

Cheque enclosed made payable to Am Stram Gram (call for details)

For Am Stram Gram 's use

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Received on: _____