



BOOKING FORMS

Summer Dinner

Family Day

APPLICATION FORM

Membership of
Keble Association

*Please return to Development Office, Keble College,
OXFORD, OX1 3PG*

SUMMER DINNER 2000

Friday 30 June at 7.15pm

Name Matriculation Year

Address

..... Postcode

Telephone Day/Evening:

Please reserve the following:

..... place(s) at the Summer Dinner on Friday 30 June
*£30.00 per person, maximum of 2 places per Old Member.
Cost includes wines. Academic dress not required. Dinner or lounge suits.*

..... room(s) in College for night of Friday 30 June
*at £30.00 per person, £45.00 for a couple.
Approximately 250 rooms have ensuite bathrooms*

..... Please tick if you would prefer a twin-bedded room
*(There are 33 twin bedded rooms in the ARCO building and these will be
allocated on a first come basis.)*

..... Parking permit for the Science Area opposite the College
***(We have been restricted to 50 parking places this year. They
will be allocated on a first come basis. Unless you are staying
for the Family Day, cars should be removed by 10.00 a.m. on
Saturday)***

I enclose a cheque (*made payable to Keble College*) for £

Special dietary or other requirements

.....

FAMILY DAY 2000

Saturday 1 July from 12 noon

Name Matriculation Year

Address

..... Postcode

Telephone Day/Evening

Please reserve the following:

..... adult place(s) and children's places for lunch in Hall

£9.00 per person, free children's menu for aged 14 and under

You may reserve as many places as you wish for lunch

(It would be helpful to know the age of your child/children:)

..... place(s) for tea and strawberries

(No charge) You may reserve as many places as you wish

..... Parking permit (see opposite)

I enclose a cheque (*made payable to Keble College*) for £

Special dietary or other requirements

.....

KEBLE ASSOCIATION MEMBERSHIP APPLICATION

To: Honorary Membership Secretary, Keble Association,
c/o Development Office, Keble College, Oxford, OX1 3PG

Please enrol me as a member of the Keble Association. There follows my completed Bankers Order:

To: Bank plc
Full name of your
Bank & branch

Please pay (**minimum subscription £15.00**) £ on

the first day of 2000 and annually thereafter to:
(month)

National Westminster Bank, High Street Branch, Oxford
Sort Code 60-70-03 Account Number 6583 7045
For the credit of The Keble Association Ref: (For KA use)

Please debit my account with you as follows:

Account Name

Sort Code Account Number

Full Name Matric

Address

Signature Date

If you require more information or wish to establish a covenant in favour of the Keble Association, (minimum £30.00 p.a.), please contact Tony Hewlett on Tel: 01494 722913 Fax: 01494 723267 E-mail : heavy@cix.co.uk