



# **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 .....

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# 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*