

REGISTRATION FORM JOURNÉE FRANÇAISE

PERSON 1 _____ ADULT/CHILD (AGE)___

HOW GOOD IS YOUR FRENCH? WHAT DO YOU WANT FROM THIS DAY?

BEGINNER/RUSTY/OK/GOOD_____

PERSON 2 _____ ADULT/CHILD (AGE)___

HOW GOOD IS YOUR FRENCH? WHAT DO YOU WANT FROM THIS DAY?

BEGINNER/RUSTY/OK/GOOD_____

HOME ADDRESS _____

_____ postcode _____

CONTACT TELEPHONE _____

CONTACT EMAIL _____

IF THERE ARE MORE THAN TWO PEOPLE REGISTERING PLEASE PRINT OUT
ADDITIONAL COPIES OF THIS FORM.

PLEASE RETURN THIS FORM TO

SUSAN TOTTERDELL
MEADOWS EDGE
YORK ROAD
WEST HAGBOURNE
DIDCOT OX11 0NG
01235 850080

or

SHERALYN HARES
IDEN HOUSE
BAKERS LANE
BRIGHTWELL CUM SOTWELL
OX10 0PY
01491 837718