

APPLICATION FOR SPEAKER

From: CHERRY TREE NURSERY, OFF NEW ROAD ROUNDABOUT,
NORTHBOURNE, BOURNEMOUTH BH10 7D
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e-mail: contactus@cherrytreenursery.org.uk



NAME OF GROUP
CONTACT NAME
ADDRESS
PHONE NO
E-MAIL ADDRESS
VENUE FOR TALK
Preferred date: time:
Alternative dates(s): time(s):
Approx length of talk required
Approx number of people in group

I understand that there will be a minimum charge of £40, as a donation to the Volunteers' Welfare Fund

Signed

Date