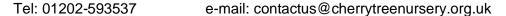
APPLICATION FOR SPEAKER

From: CHERRY TREE NURSERY, OFF NEW ROAD ROUNDABOUT, NORTHBOURNE, BOURNEMOUTH BH10 7D

www.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