

Drug Freeze Programme 2009-2010

Name of School:

Number of Pupils Attending:

PSHE Coordinator/Contact (please select):

Signature:

Telephone Number:

Email:

Please give a choice of 3 convenient dates for us to arrange our visit(s).

September to March only.

Please include choice of times for the visit to occur (i.e. from 13:30-14:30)

1st Choice:

am pm (please choose)

2nd Choice:

am pm (please choose)

3rd Choice:

am pm (please choose)

For Office Use ONLY.

Confirmed date/time of visit:

Date received:



Please return your completed slip to:

Nic Humphreys, Youth Programmes - Drug Freeze,
Guildford Flames IHC, Spectrum Leisure Complex,
Parkway, Guildford, Surrey, GU1 1UP