

# WSAS Event Booking Form

**Name of Event**.....

**Date of Event**.....

Name/s of WSAS members attending.....

Tel No.....E-Mail.....

Name/s of non-members.....

Tel No.....E-Mail.....

Amount paid (cheques payable to WSAS).....

Please return this form as soon as possible to; -

**W.S.A.S.  
C/o West Sussex Record Office,  
County Hall,  
Chichester,  
West Sussex  
PO19 1RN**