

FILM NIGHT

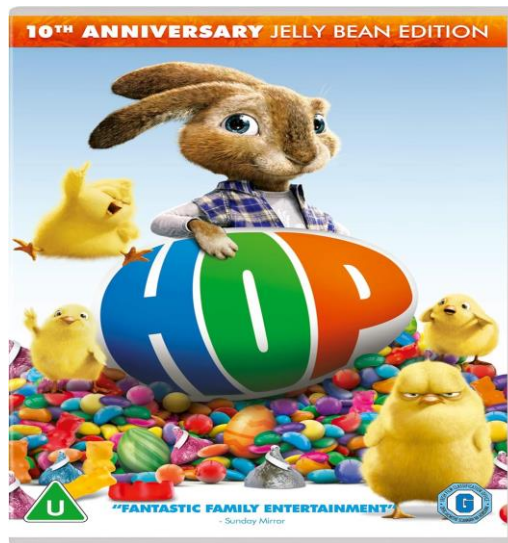
“HOP”

Wednesday 2nd April

5.00 – 7.00PM

£3.50 PER TICKET

**TO INCLUDE SNACK &
A DRINK**



✂.....

Please complete the details below and return to school along with the payment in a named envelope.

I/we would like to book _____ places for the Easter Film Night.

Child's Name:..... Class:.....

Parent's Signature:.....