

CHICHESTER U3A INTEREST GROUPS

GROUPS PROGRAMME FORM : 2009/10

GROUP

Subject and/or Title: *we suggest you put the key word first, as groups are listed alphabetically*

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GROUP LEADER (S)

Name(s):..... Phone:.....

Address:.....

.....Postcode:.....

Email:.....

GROUP DETAILS

Brief Description of the Group's activity:

.....
.....

Level of learning or any prerequisites, if relevant:

.....
.....

Day(s) Time: from..... to.....

..... to.....

..... to.....

..... to.....

Number of meetings:

Frequency: (*please indicate*): weekly / fortnightly / monthly / other / or dates if applicable.....

Any dates excepted:

Starting Date(s):.....

Maximum numbers, if any, that can be accommodated:.....

VENUE

Address:

Bus route and stopping point:.....

Parking availability:.....

Please complete and return by 30th April 2009 to:

Susan Taylor, Groups Co-ordinator, 60 Victoria Road, Chichester PO19 7JA