

**EXMOUTH GRAMMAR SCHOOL REUNION SATURDAY 2ND OCTOBER
2010 AT THE MANOR HOTEL, EXMOUTH**

As in previous years the venue for this year's reunion will be the Manor Hotel located on the Beacon in Exmouth (tel. no. 01395 272549). A buffet will be provided the cost, shown on the tear off slip below, being the same as last year.

For those of you planning to attend please detach and complete the form indicating whether you wish to partake of the buffet and return to me as soon as possible together with a cheque as appropriate.

My address is 13, Briars Ryn, Pillaton, Saltash, Cornwall, PL12 6RA

When returning the form I would appreciate where applicable if you would provide your e-mail address so that any future communication could be forwarded to you online, which will not only reduce the cost of both stationary and postage, but also the considerable time spent printing and preparing the correspondence for posting. For those without an e-mail address future correspondence can still be sent by post.

If unable to attend and possessing an e-mail address I would still welcome either return of the form giving your address or an e-mail to that effect in order to update the data-base for future communication.

Should anyone wish to contact me my telephone no. is 01579 350456, mobile 0776 7690678. E-mail address is dwest1042@aol.com

I will be away from Wednesday 15th Sept until Sat 25th Sept but can be reached on my mobile during these dates and can also pick up e-mails and reply to them should you prefer to communicate by the latter means.

I do hope as many of you as possible can attend and look forward to seeing you all on 2nd October.

David West

I we/wish to attend the function on Saturday 2 rd Oct 2010 from 7.30 pm onwards. A payment of £10____ is enclosed for ____ person(s) at £10each (or £9.00 for paid –up members). <i>Cheques must be made payable to "Exmouth Grammar School Reunion".</i>	
Name (Maiden name if applicable)	Address(es) including post code
_____	_____
_____	_____
_____	_____
_____	_____
_____	E-mail address
Any special dietary requirement	_____
_____	Tel No.