The Henry Williamson Society AGM Weekend 10-12 October 2025

Registration Form

Name of those atte	nding (capitals please):
Registration Fee: Coach Fee: Saturday Lunch:	£10.00 per person
Members are remin their capability and It would be helpful i communications, es mindful of and adhe	(as advised by our Insurance Company): ided that it is their personal responsibility to decide on the level of whether they should participate in any of the Society's activities. If those Members with mobile phones bring them to facilitate specially in the event of an emergency. Attendees must be ere to the risk assessment. In the event of cancellation, ees will be refunded/not processed as applicable.
I confirm that I have	e read and understand the Health and Safety note:
Signed:	
I enclose a cl	neque made payable to The Henry Williamson Society for:
I have paid th	ne appropriate fee by Bank Transfer (use AGM as reference)
Payee: HENRY WII Sort Code: 30-93-1 Account Number: 0	
(Registration + Co	ach Fee + Saturday Lunch = £30 per person)
Contact Number:	
Email:	
(Please ensure that you prior to the We	your contact details are legible, in case of the need to contact ekend)
Please send this fo	rm to:
Will Foss, East Da	gworth Hall, Dagworth, Stowmarket, Suffolk, IP14 3QN.
Any queries to:	will.foss50@icloud.com