



Sandilands Rehabilitation Centre



Mental Health Team Booking Form

NAME OF ORGANIZATION/CHURCH/SCHOOL: _____

LEADER'S NAME: _____

CONTACT PERSON: _____

CONTACT NUMBERS: _____

BOOKING INFORMATION

Please schedule the mental health team to present;

DAY: _____ DATE: _____ TIME: _____

TIME ALLOTTED: _____

VENUE FOR PRESENTATION: _____

STREET NUMBER AND NAME: _____

Provide information on type of Presentation required;

1. For general congregation or a particular group (Please state)

2. Specific Age group () open ()

3. Specific topics to address _____

4. Will this presentation be one time? () ongoing ()

SIGNATURE OF APPROVAL: _____ **DATE:** _____

To Submit booking form, fax to

Public Relations Unit

Fax: 324-3922 or call Tel.: 364-9601 ext. / 364-9618



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