



Schools Feedback Form

School Name: _____

Attendee Name: _____

E-Mail: _____

Tel Number: _____

Are you interested in IdentiTrip? Yes _____ No _____

Are you interested in School Shop? Yes _____ No _____

Are you interested in Cashless Catering? Yes _____ No _____

Are you interested in Gift Aid? Yes _____ No _____

Your Comments:
