

# The Friends of Thringstone

## History Project Collaboration Form

Your name:

Your contact details (Address, telephone, email):

Nature of project:

Date started: \_\_\_\_/\_\_\_\_/\_\_\_\_

Progress to date:

Materials gathered, e.g. Photographs, documentary evidence, etc.  
(Please attach if possible)

Future plans:

Help needed, if any:

Signed: \_\_\_\_\_

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

Return completed forms to: Ann Petty, Care of Thringstone Community Centre.