

booking form

Venue:		Dates:	
Title:	Christian Name:	Surname:	
Address:			
	Postal Code:		
Telephone:	Home:	Mobile:	
E-mail:			
Date of Birth (optional)			
Room Type Preferred:	<input type="radio"/> SINGLE <input type="radio"/> TWIN <input type="radio"/> DOUBLE <input type="radio"/> NO PREFERENCE		
Ensuite or Non-Ensuite	<input type="radio"/> Ensuite <input type="radio"/> Non-ensuite <input type="radio"/> No Preference		
If "ensuite", would you prefer a room with a bath (if available) or a shower?	<input type="radio"/> bath <input type="radio"/> shower <input type="radio"/> No Preference		
Floor level preference:	<input type="radio"/> Ground <input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> No Preference		
Special Requirements/ Dietary Needs			
How will you be travelling? (car/bus/train/etc.)			
If travelling by car, would you be willing to offer a lift to someone?	YES	NO	
Would you be willing to help? e.g. with organisation or leading a devotion	YES	NO	
I have read and accept the Booking Conditions provided by CSF	YES	NO	
I enclose a non-refundable/non-transferable deposit of £			
Signature:		Date:	
Please make Cheques payable to "Howard Lowry" and send this form, payment and an s.a.e. for reply, to Howard Lowry, 18 Wrekin Walk, Stourport, Worcs. DY13 0LR			
Emergency Contact Details (must be supplied):			
Are you willing for your details to be kept on the CSF database? Such information will be kept confidential and only used for the purpose for which it was collected.			YES NO