

CHURCHES TOGETHER REGISTRATION & PAYMENT FORM

Please complete *one* form per person/couple/family. Make *one* payment for everyone registered on this form.

NAME(s), ACCOMMODATION & COST

Please enter the name(s), chosen accommodation and cost of everyone being registered & paid for on this form. Give the first name + surname of adults, and the first name of children.

State the age (completed years on 25/10/10) of *all* your children being registered. This will tell us who will be in the main sessions (13+), who will be in *Children Together* (5–12) and who will be in your childcare (<5). Select the chosen room type for each person being registered (standard or en-suite), and whether they want to be on their own *or* to share with A.N. Other(s) (we will place them) *or* to share with specific named friends. If you want one or more of your children in the same room as you, please enter “Parents” under sharing; if you want one or more of them to share with their siblings in another room, please put “Siblings” under sharing; if your children want to share with friends in another room, please enter their friends’ full names under sharing. Children under the age of 2 years (i.e. 0 and 1-year olds) will be placed in cots unless you tell us otherwise.

<i>Name: Adult(s)</i>	<i>Room</i>	<i>Sharing?</i>	<i>Cost</i>
Man/Husband _____	Std/enS	On own / with any other(s) / with _____	£ _____
Woman/Wife _____	Std/enS	On own / with any other(s) / with _____	£ _____

<i>Name: Children (if applicable)</i>	<i>Age</i>	<i>Room</i>	<i>Sharing?</i>	<i>Cost</i>
Child 1 _____	_____	Std/enS	On own / with any other(s) / with _____	£ _____
Child 2 _____	_____	Std/enS	On own / with any other(s) / with _____	£ _____
Child 3 _____	_____	Std/enS	On own / with any other(s) / with _____	£ _____
Child 4 _____	_____	Std/enS	On own / with any other(s) / with _____	£ _____

Total Cost: £ _____

CHURCH

Please enter the full name of the church to which you belong, and the village/town/city in which it is located.
_____ in _____

SPECIAL DIETS

Please enter any special diet(s) required by you or any of those you are registering. Commonly recognized and medically essential diets only – no personal preferences!

<i>Name</i>	<i>Diet</i>
_____	_____
_____	_____

CONTACT DETAILS

Postal Address: _____

Daytime Telephone: _____ E-mail Address: _____

COMMENTS

Please enter here any other comments/requests you wish to let us know about.
