**Supporting Lay Preachers and Worship Leaders 2024**

**Friday 6th – Sunday 8th September** **Booking Form**

(please complete and return this page to the Tutorial Office with full payment)

|  |  |
| --- | --- |
| **Name (inc. title)** | Click or tap here to enter text. |
| **Address** | Click or tap here to enter text. |
| **Tel/Mobile** | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. |

**Group Booking**

If you are booking for a group of people, please elaborate in the ‘Other Requirements’ section below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Please tick** | **Requirements** | **Cost** | *Office use* |
|  | Participant in a single room (inc. accommodation & meals) | £195.00 |  |
|  | Two participants sharing a double room (inc. accommodation & meals) | £390.00 |  |
|  | Non-resident (inc. meals) | £ 90.00 |  |

Special Meal Requirements

We can accommodate dietary needs and requirements, but as our kitchen cooks ‘to order’, we need to know in advance. Please let us know any requirements or allergies below:

|  |
| --- |
|  |

Other Requirements

Please help us to make your visit more comfortable by listing any special requirements we should be aware of, e.g. accessibility needs.

|  |
| --- |
|  |

Payment

I confirm that I wish to make the bookings as set out in this booking form.

Where a reference is needed when making a payment, please include the name of the delegate. In the event of a cancellation, all refunds will be at the discretion of Westminster College. Full balance to be paid at time of booking please. If you would like us to invoice your Synod please ensure you complete the relevant paperwork with your Synod **before** you book.

|  |  |
| --- | --- |
|  | I enclose payment of £ - cheques to be made payable to Westminster College |
|  | BACS payment to Sort Code: 30-91-56 Account No: 02076747 |
|  | Please contact me to pay securely over the phone |
|  | Charge to my Synod training allowance. (please indicate which Synod).  **Th*is must be approved by your Synod before sending booking form*** |

|  |  |
| --- | --- |
| Signed : |  |
| Date: |  |

**Data Protection**

Due to data protection requirements we need your permission for us to add you to our database. We would be grateful if you could indicate below if you are happy for us to store your details.

Yes/No (delete as applicable) – I agree that Westminster College can keep by contact details in order to send me information and updates.

Yes/No (delete as applicable) – I am happy for Westminster College to make use of photographs that include me in any future publicity materials.

Yes/No (delete as applicable) – I am happy for Westminster College to make use of videos that include me in any future publicity material.

***Please return by post to:***

Tutorial Office, Westminster College,

Madingley Road, Cambridge CB3 0AA

***for queries, contact us via:***

[office@westminster.cam.ac.uk](mailto:office@westminster.cam.ac.uk) / 01223 33 06 49