



DATE : FRIDAY, NOV. 27<sup>TH</sup> - 29<sup>TH</sup>

VENUE : SANDY LODGE HOTEL, NEWQUAY, CORNWALL TR7 2QY

Contact Name : \_\_\_\_\_

Address : \_\_\_\_\_

Post Code : \_\_\_\_\_ Email: \_\_\_\_\_

Tel No : Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

Details of all members of your party including yourself...

If you are experienced in [A] Prayer ministry, or are commissioned as a [B] Mass reader or [C] Eucharistic minister, & would be willing to help at the conference, please tick the appropriate 'service' column.

Title	Christian Name	Surname	Parish	Age if Under 16	Service		
					A	B	C

DEPOSIT (£25 each) / FULL PAYMENT (£135) - balance payable by 1st October 2009

For children who share a room with 2 adults:

First child under age 10	£10
Then, up to age 4	£37
age 5-9	£64
age 10-15	£91

Cheques payable to :  
'SOUTH WEST CONFERENCE'

I would like to book  places for the above conference and enclose a total amount of £

Signature of person making booking: \_\_\_\_\_ Date: \_\_\_\_\_

Accommodation Preferred:    Single     Twin     Double

To help us make your conference as pleasant and uncomplicated as possible, please provide information about yourself or anyone in your party.

These people would be happy to share a room : \_\_\_\_\_

Special dietary requirements: \_\_\_\_\_

Other needs we should know about: \_\_\_\_\_