



SoulNet Retreat 3rd - 5th Feb 2012

Booking Form



GROUP LEADER *(who will receive all the info related to your booking)*

1 Title _____ Surname _____ First Name (s) _____

D.O.B. _____ Tel no. _____ Mobile no. _____

E-mail _____ Address _____

_____ Postcode _____

Church name & address _____

_____ Postcode _____

DELEGATE DETAILS *(the following is essential info For the booking; please complete all fields for each delegate attending the event rather than repeating the contact's details)*

Accommodation - Villas sleep 6 (*one double bed*), please be aware of this when booking.

2. Title _____ Surname _____ First Name (s) _____

D.O.B. _____ Mobile no. _____ E-mail _____

Address _____

_____ Postcode _____ Church _____

3. Title _____ Surname _____ First Name (s) _____

D.O.B. _____ Mobile no. _____ E-mail _____

Address _____

_____ Postcode _____ Church _____

4. Title _____ Surname _____ First Name (s) _____

D.O.B. _____ Mobile no. _____ E-mail _____

Address _____

_____ Postcode _____ Church _____

5. Title _____ Surname _____ First Name (s) _____

D.O.B. _____ Mobile no. _____ E-mail _____

Address _____

_____ Postcode _____ Church _____

6. Title _____ Surname _____ First Name (s) _____

D.O.B. _____ Mobile no. _____ E-mail _____

Address _____

_____ Postcode _____ Church _____

The first child under 2 years is free of charge. Any child after that costs £95

A cot for one baby per villa is provided by Center Parcs.

PAYMENT: : £120 if paid in FULL by 31st Oct 2012 £130 thereafter (£95 with no access to meetings)
The minimum deposit is £15 per person. This is non-refundable as it covers administration costs. After the 1ST January 2012 only full fees will be accepted. All cancellations must be made in writing and we regret that cancellations after 1 January 2012 will forfeit all fees. If you are coming alone you may be asked to share a room. There is an option to have your own room, but this will be at an extra charge of £35.

I enclose a cheque (payable to **SOUL SURVIVOR**) for £

Please charge £ to my CREDIT / DEBIT CARD

Card No.

Visa MasterCard Maestro/Switch

Expiry Date / Issue No. (Switch only) Issue Date /

Card Security Number (last three digits on your signature strip)

Card holder's name _____

Address _____

Postcode _____

SIGNATURE _____ Date _____

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