## Away Weekend Booking Form

Name(s)			FRANCIS
Address includ	ing postcode		
<u>Email</u>		Phone Number	
Contact Phone	Number in case of Emer	<u>rgency</u>	
Single Room			
Double/Twin Ro	oom		
Dietary needs			
		_	
	mation you would like to	tell us. If out for meals plo	ease let us
<u>know</u>			

## **Deposit**

There is a £30pp non-refundable deposit which should accompany this booking form.

Form should be returned to Rev'd Mike

