



BOOKING FORM

East London 2010

Please complete and return to:

Mrs Chris Reed, *msm* Course Administrator, Chelmsford Diocesan Office, 53
New Street, Chelmsford, CM1 1AT

Title: Rev Mr Mrs Miss Ms Other: _____

Name: _____

Address: _____

_____ **Postcode:** _____

Tel no: _____ **Mobile:** _____

Email: _____

Church attended: _____

Denomination: _____

Endorsement of church leader: _____ (signature)

_____ (print name)

Method of Payment:

- Cheque: Please make cheque of £225 payable to: 'CDBF'
- Standing order: 10 monthly instalments of £22.50. Details can be obtained from Chris Reed.
- Anglican clergy/reader: I wish to pay through CME.

Signature: _____ **Date:** _____

Do you have any special needs we need to be aware of?
