



BOOKING FORM

Glasgow/Inverness (delete as appropriate)

Please complete and return to:

Angie Traynor, Ministries Council, Church of Scotland, 121 George Street,
Edinburgh, EH2 4YN.

Title: Rev Mr Mrs Miss Ms Other: _____

Name: _____

Address: _____

_____ **Postcode:** _____

Tel no: _____ **Mobile:** _____

Email: _____

Denomination/Stream: _____

Local Church: _____

Do you have any special needs we should be aware of?

Method of Payment:

Cheque (*Please make cheques payable to: Church of Scotland.*)

Signature: _____

Date: _____