

SWARTHMOOR HALL BOOKING FORM

For office use only:

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Staff

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Name of course(s) you'd like to attend	Dates (from/to)

Please give details of any **extra nights** you would like to stay:

First Name(s)	Last name	Name you like to be known by

Address:	
Post code:	
Telephone Day:	Evening:
Fax:	Date of Birth:
Email address:	

You may contact me by - Post: Yes No Email: Yes No

We would like to send your course information by email instead of by post. If you are unable to receive your course programme and course information via email please tick this box:

Tick here if you would like travel directions. Yes

Dietary requirements:

Anything Vegetarian Veg/Fish Vegan
 Non-dairy Diabetic Gluten Free Low Fat
 Other: Allergies:

Are you associated with the Religious Society of Friends (Quakers?) Yes
 If 'yes', please state which meeting you attend/are a member of:

Is this your first course at Swarthmoor Hall? Yes No

How did you hear about this course?

If you have previously been on a course at Swarthmoor Hall and have since changed your name or address, please let us have your previous name/address:

Data Protection: For course administration, Swarthmoor Hall keeps all details confidentially on computer in accordance with the Data Protection Act.
 Please tick here if you do not consent to this:

Access

Please tell us about any way we might be able to assist you in your course participation:

Sight Mobility Hearing Other (please give details)
 Please contact us if you need to discuss your individual needs.

Accommodation

Would you like a **residential place**? Yes No
 Would you be willing to **share a room** if necessary? Yes No
 Would you prefer an **ensuite room** (if available)? Yes No
 Are you **male** or **female** (for room allocations)? Male Female

Please tell us a little about your interest in the course for which you are booking:

Payment Details

1. I've arranged for my meeting to pay for the course...

- Full payment is enclosed (payable to **Swarthmoor Hall**)
 Full payment will be sent separately
 I would like an invoice to be sent to the Treasurer

Treasurer's name:	Treasurer's email address:

It is the participant's responsibility to ensure Swarthmoor Hall receives payment before the course.

2. I am paying myself...

- I enclose a cheque (payable to **Swarthmoor Hall**) for the full amount / 20% deposit*
 I would like to pay by debit/credit card or by bank transfer (BACS)
Please contact us if you would like to pay by debit/credit card or by bank transfer by calling 01229 583204

Signature	Date

*Deposits refundable subject to our cancellation policy.

Return to **Swarthmoor Hall, Swarthmoor Hall Lane, Ulverston, Cumbria, LA12 0JQ**