



'BIG HOUSE' CONFERENCE (AGED 12 -24) BOOKING FORM

Name: _____

Address: _____

Phone: _____

Email: _____

Parent/Carer Name: _____ Mobile: _____

Youth Group leader (if coming as part of a group): _____

First Name (Preferred name for Badge if different)	Surname	Age	Male or Female	Disability? Please give information here	Food Allergies? Please give information here	If you have a preference on who you would like to share a room with please tell us their name here.

Cost: £45 per person

YOUR BOOKING PAYMENT INFORMATION

Total Youth Conference cost (number of people x £45 each): £ _____
 Please make cheques payable to 'CMJ UK'.

Card Payment

Card Type: Debit / Credit (Credit card - admin fee applies)

Card Holder (name as on card): _____

Card No: (16 figures) _____

Start Date: ____ / ____ Expiry Date: ____ / ____ Issue No. if SWITCH Card: ____

Please check that you have completed all the required information before returning the form with payment to the following address:

CMJ UK, Eagle Lodge, Hexgreave Hall Business Park, Farnsfield, Nottinghamshire, NG22 8LS.

For further information, please call 01623 883960 or e-mail conference@cmj.org.uk

ADMIN USE ONLY

Date processed: _____ Amount received: _____ Payment type: CHQ / CASH / CC / BACS INITIALS: _____
 Date accommodation allocated: _____ Date acknowledgement letter sent: _____ Date final letter sent: _____