

Lakeland Bible School

Booking Form 2010

Name _____

Address _____

Tel _____

Email _____

Church _____

The cost is **£75** for those in full time work with a reduced cost of **£50** for those who are not. The price includes all meals, accommodation etc. Attendance for the full programme is recommended and preference will be given to such bookings. If you want to be a day visitor the cost is **£30** for full weekend, **£25** for Saturday only. Please make cheques [or cash on arrival] payable to 'Lakeland Bible School'
Payment should **preferably** be made with booking.

Bed linen

- I will bring my own **sheet, pillowcase AND duvet cover/sleeping bag.**
- I would like to use the Keswick convention centre linen

Please note that if you are planning to use the convention centre linen you must let us know by **3rd June** so that it can be ordered.

If you have any special dietary requirements, please specify below:

Please return this booking form by **Saturday 5th June** to:
Maree Rowell, 226 Lowry Hill Road, Carlisle, CA3 0EG
Any Enquiries to Jim Day jimmymacday@hotmail.com
Tel: 07866655539

If you are 16/17 years old...

Please ensure that a parent/guardian reads the following note and signs below.

Please note that, while the Lakeland Bible School is primarily a residential conference, we are unable to provide close supervision of those attending the conference who are under 18 years of age.

Please ensure that you sign the parental consent box on the Booking Form, to say that you are happy for your child to attend the conference, and that you acknowledge that, while the Lakeland Bible School will endeavour to take reasonable care of your child, you realise that, due to the nature of the conference, it is not possible to provide close supervision of your child. Further, you understand that the Lakeland Bible School cannot necessarily be held responsible for any loss, damage or injury suffered to or by your child during, or as a result of, attending the conference.

Please inform us in writing if there is any regular medication, medical problem, or disability which may affect normal activities.

PARENTAL CONSENT

Parent's signature _____

Please provide an emergency telephone number _____

In an emergency, and if I cannot be contacted, I am willing for my child to receive doctor/hospital or dental treatment including an anaesthetic.

Please tick as appropriate: Yes No

