

# Application Form for a Day Course

Day Courses are from 10 am to 4 pm and include refreshments and light lunch

PLEASE COMPLETE AND RETURN TO:

Booking Secretary, The Harnhill Centre, Harnhill, Cirencester, Gloucestershire GL7 5PX

## PLEASE USE BLOCK CAPITALS

Name: Rev / Dr / Mr / Mrs / Miss / Ms

Address:

Postcode:

Telephone:

Mobile:

Email:

## DAY COURSE

Name of Course:

Date of Course:

Vegetarian meal required?

Yes / No

I enclose a cheque (payable to **The Harnhill Centre of Christian Healing**) for

£

**Or please charge to my card account:**

Card No.:

Expiry Date:

Security No. (last 3 digits on back):

I have read the booking information in the programme and agree to accept the conditions.

Please tick

I consent to the Harnhill Centre keeping my details on the Harnhill Centre's database:

Yes / No

**Withdrawal of Consent:** You can withdraw your consent at any time by contacting the office at the Harnhill Centre of Christian Healing or by emailing [office@harnhillcentre.org.uk](mailto:office@harnhillcentre.org.uk).

Signed:

Date:



# Application Form for a Residential Stay

**PLEASE COMPLETE AND RETURN TO:**

**Booking Secretary, The Harnhill Centre, Harnhill, Cirencester, Gloucestershire GL7 5PX**

**FOR A DAY COURSE PLEASE COMPLETE OTHER SIDE**

**PLEASE USE BLOCK CAPITALS**

Name: Rev / Dr / Mr / Mrs / Miss / Ms

Address:

Postcode:

Telephone:

Mobile:

Email:

## RESIDENTIAL STAY

Name of Course:

Date of Course:

Do you have any dietary requirements?

Yes / No

Have you advised the office? (please see note 9 in the programme)

Yes / No

Have you consulted a doctor or other medical practitioner during the last year?

Yes / No

Please give details of illness:

Please give name, address and telephone number of doctor or other medical practitioner:

May we have permission to contact this person for details of your situation?

Yes / No

I enclose a cheque (payable to **The Harnhill Centre of Christian Healing**) for £

being a deposit of **£180 (week)** or **£95 (weekend)**

**Or please charge to my card account:**

Card No.:

Expiry Date:

Security No. (last 3 digits on back):

*I have read the booking information in the programme and agree to accept the conditions.*

Please tick

*I consent to the Harnhill Centre keeping my details on the Harnhill Centre's database:*

Yes / No

**Withdrawal of Consent:** You can withdraw your consent at any time by contacting the office at the Harnhill Centre of Christian Healing or by emailing [office@harnhillcentre.org.uk](mailto:office@harnhillcentre.org.uk).

Signed:

Date: