**Please type-fill this form & email** to [conferencebookings@cdfb.org.uk](mailto:conferencebookings@cdfb.org.uk)

Or print, hand fill & post to: Booking Secretary, 19 Hoylake Drive, Mickleover, Derby DE3 0QA

|  |  |
| --- | --- |
| Preferred first name (as to appear on badge) |  |
| Surname |  |
| Address  (including postcode) |  |
| Email |  |
| Phone no (for queries & emergencies) |  |

**My booking is for:** (please tick the relevant boxes, booking is only complete upon receipt of first payment)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Adult deposit |  | U19 deposit |  | U16 deposit |  | U12 deposit |  |
| Adult full |  | U19 full |  | U 16 full |  | U12 full |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I have paid online: |  | OR my cheque is in the post: |  |  |

**About your room:** (please choose ONE option, if paying supplement, be sure to include with your initial payment)

|  |  |
| --- | --- |
| I will be sharing a twin room with: (please give name of agreed room buddy) |  |
| I am happy for the organisers to allocate me a room buddy: |  |
| I wish to pay single room supplement of £30 (to 31 May) / £35 (from 1 June)  (please note, due to limited supply, single rooms are subject to availability) |  |

**About your requirements:** (please be aware there are 5 disable access rooms, indicate here if you need one)

|  |  |
| --- | --- |
| Please give details of any dietary needs: |  |
| Please give details of any mobility requirements: |  |
| Is there any other information you think we need to know? |  |

**A few additional questions:** (please complete as required)

|  |  |
| --- | --- |
| I would like to donate to the Yolande Godding Bursary Fund, to enable someone else to attend the conference:  (please state amount and a separate invoice will be securely emailed to you) |  |
| I wish to make a claim against the Yolande Godding Bursary Fund, and am willing to be contacted (in the strictest confidence): (please indicate whether you would prefer to be contacted by phone or email) |  |
| I can pay the full amount, but would prefer to pay in instalments: (this option is available for single bookings or particularly for family/group payments,  the booking secretary will contact you by email to make arrangements) |  |

|  |  |
| --- | --- |
| I am interested in becoming a member of the Christian Dance Fellowship  (Membership Runs from 1st May. Annual Membership is £25 Adult, £18 Concession, £40 Family) |  |
| And have completed & posted a membership form (available for download from the website) |  |
| Or ask for my details to be passed to the membership secretary so she can contact me |  |