**Please type-fill this form & email** to conferencebookings@cdfb.org.uk

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

**First adult details:** (this will be the main contact with regards any booking queries)

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

**Second adult details:** (if applicable, where details match first adult, put 'same')

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

**First child/young person details:**

|  |  |
| --- | --- |
| Preferred first name & surname (as to appear on badge) |  |
| Address (if different from first adult) |  |
| DOB and age @ 25th Sept 2020 |  |

**Second child/young person details:**

|  |  |
| --- | --- |
| Preferred first name & surname (as to appear on badge) |  |
| Address (if different from first adult) |  |
| DOB and age @ 25th Sept 2020 |  |

**Third child/young person details:**

|  |  |
| --- | --- |
| Preferred first name & surname (as to appear on badge) |  |
| Address (if different from first adult) |  |
| DOB and age @ 25th Sept 2020 |  |

**About your family's requirements:** (indicating to whom they apply please)

|  |  |
| --- | --- |
| 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? |  |

About your **deposit** payment:

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

About your **balance** payment(s):

|  |  |
| --- | --- |
| I will make the balance payment using the online facility at a date convenient for me: |  |
| I will make the balance payment by posting a cheque at a date convenient for me: |  |
| I would like to arrange paying by invoiced instalments (using a debit or credit card): |  |
| I would like to arrange paying by instalment cheque(s) of a pre-arranged amount: |  |

**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 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 |  |

**And one final note:**

As parents, you are responsible for your children/young people at all times. There are no children's crèche or childcare facilities, they are expected to engage with the weekend programme as stated.

To comply with CDFB's safeguarding policy, you must complete and return before the event, our Young Person's Consent Form for each child/young person. This will be emailed in due course.

And please note: neither the CDFB nor teachers at this event will be responsible for any injuries incurred as a result of taking part, to yourselves or your children. Though the workshop leaders are skilled practitioners and will therefore lead with knowledge of safe practice.