**Christian Viewpoint for Men**

**Sizewell Weekend Application Form.**

**9th – 11th May 2025**

Name: ………………………………………………….

(Block Capitals)

Address ………………………………………………….

…………………………………………………………….

……………………………………

Post Code: ………………………...

Tel No: …………………………….

Email. (Block Capitals) (not compulsory- to be used where possible to confirm your booking)

Eating: Do you have a special diet?

If yes, please put the details below.

…………………………………………………………………..

Would you be willing to share a room?

 If you are willing to share, please list the names below who you would like to share with.

(There are very few single rooms, and it is not always possible to meet your request) There are various sizes of rooms ranging from 2 – 6 beds to a room. Single rooms will be allocated on a first come first served basis.

Signature…………………………………………………………………….

By signing you agree for your details to be shared within the committee. Details kept for no other purpose than this weekend.

This form should be forwarded to (together with £32 non-refundable deposit. Cheques payable to CVM or paid by BACS CVM sort code 60:04:16 and account number: 66308925. Please put a reference of CVM and your surname when paying by BACS.

Rachael Wallace

44 Oakey Field Road

Thurston

Bury St Edmunds

Suffolk.

IP31 3RX

Tel: 01359 231084

Email: menssizewellweekend@gmail.com

FULL COST

£102.00

FULL BOARD