

Worship Training Day 19th November 2011

Please use BLOCK CAPITALS to complete this form, and write EMAIL ADDRESS CLEARLY as we use it for important correspondence

Personal Details

Full Name: _____

Address: _____

Post Code: _____ Emergency Tel No: _____

E-Mail: _____ Age: _____ Date Of Birth: _____
(Please write clearly)

School: _____

Church: _____

Instruments

I play an instrument: _____

(PLEASE NOTE, YOU DO NOT NEED TO BRING YOUR INSTRUMENTS TO THE DAY)

Dietary Requirements (we will be providing breakfast/lunch and dinner)

Permission and Payment

I hereby give my permission for the above named person to attend and take part in the activities of this training day.

I also give permission for any photographs/videos taken during this day to be used for CROPS publicity purposes in the future.

Signed: _____ Print: _____
(parent/guardian)

I enclose £10.00
If finances are an issue, please let us know

Please make cheques payable to "The CROPS Trust" and send with this form to:

Worship Training Day, The CROPS Centre, 68a Westgate, Peterborough, PE1 1RG

If there are any problems or queries please call **01733 352701** or

E-mail: **kyle.armstrong@crops.org.uk**