

THE ORTHODOX FELLOWSHIP OF ST JOHN THE BAPTIST

REGISTERED CHARITY No. 1063713



MOTHERS AND FATHERS IN GOD:

SPIRITUAL GUIDANCE IN THE ORTHODOX CHURCH

30 July - 1 August 2010

Friday 3.00 pm to Sunday afternoon

The Hayes Conference Centre, Swanwick, Derbyshire

Principal Celebrant at the Liturgy

Metropolitan John of Western and Central Europe

Speakers

Metropolitan Kallistos of Diokleia

Mother Joanna Burton

Father John Hookway

Sister Magdalen (Tolleshunt Knights)

Archimandrite Jack Khalil

Booking form for OFSJB Annual Conference 30 July - 1 August 2010

NB Please fill in an application form for each separate address.

Please include the ages of those requiring age reductions

Name.....

Revd / Mr / Mrs / Miss / Ms /
Please add or circle as appropriate

Address

.....

.....

Tel

E-mail

Emergency contact. Name Telephone

Do you sing?

(Please give details of experience of singing at Orthodox services)

Special dietary needs

Do you have other special needs?

(Please specify)

Are you willing/want to share a twin-bedded room?

YES / NO

Please delete as appropriate

Name of person you are willing to share with.

Please ensure that they too are willing to share accommodation.

Please complete both sides of this form

People at the same address (NB, include yourself as the first name)

(If not paying the full fee of £190 please state that you are under 30 or that you have a bursary.)

Your name	Cost
Your name	Cost
Your name	Cost
Your name	Cost

TOTAL £ _____

Please indicate one of the following:

I enclose a deposit of £50.00 per person £ _____

I enclose the full fee(s) of £ _____

This includes a non-returnable deposit of £50.00 per person

I enclose an additional optional donation of £..... for the Bursary Fund

I expect to travel by car **YES / NO**

I offer to provide a lift to someone else attending the conference **YES / NO**
Please delete as appropriate

I agree to pay the balance due two weeks before the start of the Conference.

**** Signed** _____ **Date:** _____

**** Please confirm the following for each applicant covered by this application:**

**** I agree to my contact details being circulated to other participants. YES / NO**

**** I agree to event organisers and other officers of the Fellowship contacting me using the information provided above. YES / NO**

**** Signed** _____ **Date:** _____

**** Data Protection Act.** These personal details will be kept on computer.

**Please detach this form and send it, with your cheque
(The Orthodox Fellowship of St John the Baptist) to:
Sibylle Batten, 11 Paxton Court, Sheffield S14 1RH, UK**