**Spiritual Formation Course Application Form**

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| **Name** |  |
| **Address** |  |
| **e-mail** |  |
| **‘phone** |  |
| **Place of worship/ Parish**(if applicable) |  |
| **Preferred venue?****(please tick)** | St Michael’s, Budbroke 1.00pm – 3.00 pmSt John the Baptist, Berkswell 7.30 – 9.30 pmEither |
| **Any access details you would like us to be aware of?** **(**hearing, visual, mobility et al.) |
| I understand that the course fee is £40 per term to be payable at the start of each term. |
| **Signed**(or sent from personal e-mail address) |  |

**Please return this form to Zoe Bell at St John the Baptist Parish Office, preferably by e-mail: bellzoe@hotmail.co.uk**