

Application to join the **Essex Ringing Course 2017**
presented by The Essex Association of Change Ringers
Registered Charity Number 292250

Please print and complete this form then return with Stamped, Self-Addressed Envelope (C5 size) and your payment by 10th February 2017, to:-

Mrs Mary Bone
11 Bullfields
Sawbridgeworth
CM21 9DB

Full Name:

Address:

Post Code: _____ Phone No: _____

Email Address:

Home Tower:

Age (if under 18 on 6 April 2017): _____

Please indicate Group required: 1st Choice _____ 2nd Choice _____

Please provide a description of your recent ringing (what you have rung and where – continue on an additional page as necessary):

Will you require details of local "B&B" accommodation? YES/NO

Do you hope to attend the Guest Lecture, and light refreshments, on Thursday? YES/NO

Do you hope to attend the Course Social on the Friday? YES/NO

(delete as applicable. see notes in brochure.)

Any special dietary requirements (eg vegetarian, gluten-free):

Any medical condition(s) which may affect your participation in the Course (this information will only be disclosed to your Group Tutor):

If this Application is unsuccessful I would be prepared to attend as a helper up to Group ____

Adult Full Fee £55.00 /Junior Essex Ringers £25.00 enclosed *(delete as applicable)*

Cheques payable to "The Essex Association of Change Ringers" . See page 3 for details on internet banking.

Signature _____

Date _____

I will be under 25 on 6 April 2017 and wish to apply for a full fee bursary as detailed on page 2 (Course fees (4)). I undertake to submit an article to newsletter@eacr.org.uk by 1 July 2017.

Signature _____

Date _____

Consent of Parent / Guardian if aged under 18:

Name (please PRINT) _____

Relationship _____

Signature _____

Phone No (*daytime*) _____