



**REGISTRATION FORM FOR TCF WEEKEND
"30 Years of Compassion & Friendship
18 - 20 September 2009"**

Name:

Address:

.....

..... Post Code:

Phone No: Email:

Is this your first Residential Weekend? _____

Please Tick as Appropriate:

Saturday Day only - (includes lunch, morning & afternoon tea)	\$60		Concession	\$45	
Sunday Day only - (includes lunch, morning & afternoon tea)	\$45		Concession	\$30	
Saturday evening – Dinner	\$35		No concession		
Weekend single rate including accommodation Friday & Saturday night in own room, breakfast both mornings - dinner Saturday evening, lunch and morning tea Saturday & lunch & morning tea Sunday (Deduct \$50 if willing to share.)	\$330		Concession	295	
Weekend couples rate including accommodation Friday & Saturday night Breakfast both mornings - dinner Saturday. Lunch & morning and afternoon tea Saturday and lunch & morning tea Sunday	\$560		Concession	500	
Ecumenical Service on Sunday at 11.00a.m.			Free of Charge		
Siblings under 35 years to pay for cost of accommodation only (\$95 per night)			Free of Charge		

If children are accompanying you, please request accommodation quote and give children's details on overleaf.

Please advise if participating in Meditation & Yoga (available to day participants also)

Please advise if : Parent Sibling Grandparent

Name of Child / Children:

Age:

Cause of Death:

If paying the concession rate, please insert your pension card number:

Arrival time, after 3p.m. Friday 18 September 2009 (approximate):

Would you like us to make a booking for you for Friday dinner?____(Cost \$32.50)

Send to:

Treasurer
The Compassionate Friends, NSW Inc.,
GPO Box 1303
SYDNEY NSW 2001
Telephone: (02) 9290 2355
Fax: (02) 9290 2445 or
Email:info@thecompassionatefriends.org.au

Registration, Payment Options and Cancellation.

Registration due by 30 July, 2009 and must be accompanied by payment in full or a deposit of \$50.00 with the balance due by 1 September, 2009. Registrations are to be on this form (No phone applications.)

Credit card facilities available for Bankcard, MasterCard and Visa.

Cancellation and refund conditions: Fully refundable if notified in writing before 1 September 2009. Cancellation fee of \$100 if notified after that date.

For Enquiries regarding the Accommodation possibilities please email Judy on info@thecompassionatefriends.org.au or phone the Carers at the Centre on 02 9290 2355.

If anyone is unable to attend for financial reasons please feel free to call our President, Mary Carroll, at home on a strictly confidential basis or speak with your Chapter Leader. Please do this as soon as possible as some Grants may be available. Mary's number is 02 9371 0871.

I enclose a cheque/money order for \$ payable to The Compassionate Friends NSW Inc being marked as above

TOTAL \$.....

I enclose a cheque/money order for \$50 payable to The Compassionate Friends NSW Inc being deposit towards total cost of \$ as marked.

BALANCE of \$ Due by 1 September 2009

CREDIT CARD TYPE: Visa MasterCard Bankcard

Card Number: _____ Expiry Date _____

Cardholder's Name:

Signature: