

Booking Form 2017

Name of RSCM Affiliate:	
Event Organiser's Name:	
Please send me Gift Aid envelopes	No of envelopes required:
Organiser's Contact Details: Address (inc postcode) Daytime phone number Email address	
Event Name:	
Event Date:	
Event Time:	
Event Venue:	
Event Details:	

PLEASE NOTE, THIS EVENT IS SUPPORTED BY THE RSCM BUT ALL RESPONSIBILITY FOR THE EVENT AND ARRANGEMENTS REMAIN WITH THE CHURCH CONCERNED.

Please complete this form and return it to:

By post: Development, RSCM, 19 The Close, Salisbury SP1 2EB

By email: development@rscm.com