

ENROLMENT FORM



The World Community for Christian Meditation (Country)

The School of Meditation

ESSENTIAL TEACHING WEEKEND

Name of Venue | Address of Venue

Friday (date) – Sunday (date)

- Please return this Enrolment Form with your deposit/full payment details by (date).
- Please note that due to the cancellation policy of the venue, the payment is non-refundable after (date).

PERSONAL INFO

Name (as it is to appear on your name tag) _____

Address _____

Phone _____

Email _____

SPECIAL DIETARY REQUIREMENTS

Vegetarian Gluten-free Other medical diet _____

Other requirements (e.g. mobility) _____

PAYMENT

I have transferred funds to WCCM (Country) as follows :

- Name of Bank _____
- Branch Number _____
- Name of Account _____
- Account Number _____
- Deposit/full payment \$ _____
- Donation \$ _____ Total \$ _____

If paying deposit only.

I will transfer the balance by (date).