

Registered Charity No: 1159091

Application Form for the Residential Summer School 2024 Tuesday 13th August – Friday 16th August University of Cumbria, Fusehill St Campus, Carlisle, CA1 2HH

TitleFirst Name	Surnan	ne		
U3A	Email:	<u> </u>		
Address				
		Post Code		
Telephone (essential)		_Mobile		
I wish to apply for the course named:	First Choice			
(See Booking Note 3)	Second Choice			
	Third Choice			
From the following list, please tick any				
Room designated for the disabled (these are limited)			If you require any additional support around the campus facilities/tutorial rooms etc. state your requirement belo	
Ground floor room – (See booking not	e 5)			state your requirement below
Vegetarian diet				
Special diet: diabetic, gluten free etc. (please give detai	ils)		
Name and Telephone number (mobile	too please) of ne	ext of kin (for eme	rgency	use)
If car parking required – Car Make &mo	odel	Colo	ur	REGN NO.
Please tick as appropriate – (See booki	ng note 8)			
I require Residential rate				
I require Non Residential Rate				
I have read the booking notes and could clearly defined and acceptable to my p				
I will pay directly to the North West Re	gion Account or	Please ti	ck one	of these boxes
I will pay by cheque made payable to '	'North West Reg	ion of U3As"		
Signature		Date		

Please return to: