

SACRED HEART CHURCH WIMBLEDON
PAPAL VISIT
BEATIFICATION OF CARDINAL NEWMAN 19 SEPTEMBER 2010
COFTON PARK, BIRMINGHAM
EVENT DETAILS AND APPLICATION FORM

PLEASE READ THESE DETAILS CAREFULLY

GENERAL BACKGROUND

1. Participants will be required to travel to Cofton Park from Wimbledon in coaches provided by the diocese. It is not possible to make other travel arrangements for security reasons.
2. Entry to Cofton Park will be by an individual pass and as a member of a group. Each coach will have a Pilgrim Leader who will vouch for each person on the list provided by the parish, at the point of entry.
3. The pass is included in a Pilgrim Pack for which you will be asked to make a contribution of £25 which also covers the cost of the coach.
4. We have arranged a briefing for those allocated a pass on Saturday 11 September at 11 am in the Lounge. This will enable people to meet each other and make arrangements to meet at the assembly point for the coach.
5. The coach will be leaving Sacred Heart Church in the early hours of the Sunday morning; exact time to be confirmed.

APPLICATION ARRANGEMENTS

6. Please complete the application form and send it to The Presbytery, The Sacred Heart Church, Edge Hill, London SW19 4LU **by no later than Tuesday 3 August.** **Please attach a stamped and addressed envelope for a reply.**
7. If you would like to go as a small group then you should include all of those people on one form.
8. If you have a disability and need to travel with a companion then both names must be included on the same form.

NOTIFICATION OF PLACES

9. In the event of an oversubscription for places there will be a draw to decide who is to be given the passes. If a form with a group of people is drawn then all those people will receive a pass.
10. We hope to inform everybody if their application has been successful by 15 August.

Application No.

(Office use only)

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APPLICATION FORM

This form can be used for a single or family/ group application. The first person on the list is deemed to be the person responsible for the group.

TITLE	FIRST NAME	SURNAME	HOUSE NUMBER ROAD	POST CODE	BEST TELEPHONE CONTACT NUMBER	E MAIL ADDRESS	DO YOU HAVE A PHYSICAL DISABILITY?

Please confirm that you, or at least one responsible member of your party can attend a briefing session on 11 September YES NO

Signed.....Date.....