

St Agnes' Community Week of Accompanied Prayer

Booking Form

I would like to participate in the Week of Guided Prayer.	
Name:	
Address:	
E-mail:	
Phone:	Mass/Community attended:
Please indicate your preference for a daytime or an evening slot. Please add any information that would be helpful in planning slots.	<input type="checkbox"/> Daytime slot (11:00am-2:30am)
	<input type="checkbox"/> Evening Slot (5:30pm-8:30pm)
<input type="checkbox"/> I will need help with transport	

Practical help

Name:
I can help practically with the following:
Hosting a prayer guide for the week
Providing a room for people to meet their prayer guide My address is:
Helping to provide food for the prayer guides at <ul style="list-style-type: none"> <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner.
Providing transport for participants.
My Contact details are: