CONNEXION CONFERENCE & AGM 2026 (26-28th October) - RESIDENTIAL GUESTS

For Day Visitors see pg.3-4. **Please also complete a consent form for all children under 18 attending the children's activities and Youth Conference, pg.5-6.**

RESIDENTIAL GUEST DETAILS (Please use BLOCK CAPITALS):			
Last name:	**First name:**	**Age (if under 18):**	**Minister/Delegate (M/D):**
Phone:		Email:	
Church/Organisation:			
Special dietary requirements:			Disabled room required:

ROOMS & PRICING			
PREFERRED ROOM TYPE (*Whilst every effort is made to meet room preferences, this cannot be guaranteed.*)			
Room Type:		**No. of Rooms Required:**	
Single			
Double			
Twin			
Youth Conference			
Family (limited)			
PRICE			
	Number attending:	**Price per Person:**	**Total:**
Adults (Full Conference)		£261	**=**
Adults (Mon-Tue)		£168 (or £150 if leaving before dinner)	**=**
Adults (Tue-Wed)		£150	**=**
Youth Conference		£50	**=**
Child (12 and under)		£10	**=**
		Overall Total:	

Continued overleaf

PAYMENT:		
Option Selected (please tick):	**Payment Options:**	
	Bank transfer to Countess of Huntingdon's Connexion, Barclays, A/c number: 80948829, sort code: 20-24-00	
	Cheque payable to: Countess of Huntingdon's Connexion	
Payment:	**£**	**Signature:**

CONNEXION EMAIL LIST (For guests aged 18 and above): **Do you give consent for your email address to be added to the new Connexion Email List (for the Trustees to distribute news and relevant information). This list will be used only by the Trustees and those working on their behalf, and will not be made public.**		
Name:	**Email Address:**	**Consent given:**
		Yes / No
		Yes / No
		Yes / No
		Yes / No
		Yes / No

Please return forms and/or address any questions to:

Elizabeth Gregory
Connexion Conference Bookings, 93 Emerald View, Warden Bay, Sheerness, Kent ME12 4PN
elizabeth-ann-gregory@hotmail.co.uk
07923 674547

FINAL BOOKING DEADLINE: 30TH SEPTEMBER

We will acknowledge all bookings but please do contact Elizabeth if you haven't heard within a fortnight.

CONNEXION CONFERENCE & AGM 2026 (26-28th October) - DAY VISITORS

For Residential Guests see pg.1-2. **Please also complete a consent form for all children under 18 attending the children's activities and Youth Conference, pg.5-6.**

DAY VISITOR DETAILS (Please use BLOCK CAPITALS):			
Last name:	**First name:**	**Age (if under 18):**	**Minister/Delegate (M/D):**
Phone:		Email:	
Church/Organisation:			
Special dietary requirements:			Disabled room required:

DAYS ATTENDING:			
DATE:	**Mon 26th Oct £59 (£39 without dinner)**	**Tue 27th October £59 (£39 without dinner)**	**Wed 28th October £39**
Number of people (with dinner):			
Number of people (without dinner):			
		Total:	

PAYMENT:		
Option Selected (please tick):	**Payment Options:**	
	Bank transfer to Countess of Huntingdon's Connexion, Barclays, A/c number: 80948829, sort code: 20-24-00	
	Cheque payable to: Countess of Huntingdon's Connexion	
Payment:	**£**	**Signature:**

Continued overleaf

CONNEXION EMAIL LIST (For guests aged 18 and above): Do you give consent for your email address to be added to the new Connexion Email List (for the Trustees to distribute news and relevant information). This list will be used only by the Trustees and those working on their behalf, and will not be made public.		
Name:	**Email Address:**	**Consent given:**
		Yes / No
		Yes / No
		Yes / No
		Yes / No
		Yes / No

Please return forms and/or address any questions to:

Elizabeth Gregory
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elizabeth-ann-gregory@hotmail.co.uk
07923 674547

FINAL BOOKING DEADLINE: 30TH SEPTEMBER

We will acknowledge all bookings but please do contact Elizabeth if you haven't heard within a fortnight.

Consent Form for Youth Conference and Children's Activities

This form is required for children to take part in the children's sessions at Conference or youth to attend Youth Conference. Please complete and return with booking forms. During their sessions, the children/youth will be supervised by leaders who meet the Disclosure and Barring requirements.

Name of child / young person:

Date of birth:

Address:

Who has parental responsibility for the child / young person during Conference?

Name of Parent / Guardian:

Address *(if different to above)*

Contact number:

Emergency contact details (this should be the person who would be able to respond in the case of an emergency)

Name:

Contact number:

Relationship to child:

Address:

Medical details

Doctor's Name:

Doctor's Phone Number:

Doctor's Address:

Date if known of last tetanus injection if known:

Any known medical conditions or disability:

Food or other allergies or special requirements:

Details of any medication they are currently taking
(*Please indicate if you wish us to look after the medicine and/or administer it*)**:**

Parent/Guardian authorisation (please fill in relevant section):

Photography:

I give permission/I don't give permission for my child/young person (*cross out as relevant*) to be videoed or have their photo or video footage taken for feedback sessions at Conference or in the case of photos for use in Conference and Youth Conference publicity. Youth Conference photos may also be posted on their Facebook page.

For children's activities:

I give permission for …… to take part in the normal activities of this group. I understand that children's activities may take place in the grounds of High Leigh and that for any proposed activities beyond this separate permission will be sought.

I understand that the care of the child is my responsibility outside of the arranged children's activities and I will collect my child from them promptly at their end.

In an emergency and/or I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment including anesthetic.

For Youth Conference:

I give permission for …… to take part in the normal activities of this group. I understand that Youth Conference activities may include activities outside of High Leigh and its grounds or the church where it is based, but that the Youth will be supervised by the Youth Conference committee on these occasions. **I understand that outside formal Youth Conference sessions that I or the person nominated above are responsible for my child.**

In an emergency and/or I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment including anesthetic.

Signature of parent/guardian (or adult with parental responsibility):

Date: