

St Swithun Wells Parish Pilgrimage to Norwich and Walsingham

Booking Form

I would like to join the parish pilgrimage to Norwich and Walsingham on Monday, 26 April 2027 to Thursday 29th April 2027.

Name:

Address:

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Post Code:

Contact phone no:.....

Email:

Dietary Requirements:

Please tell us about your dietary requirements (tick all that apply)

Dairy free ☐ Vegetarian ☐ Vegan ☐

Pescatarian ☐ Peanut allergy ☐ Nut allergy ☐

Gluten free ☐ Shell fish allergy ☐

Other (please specify)

Please let us know if you have any medical conditions, so we can make sure your trip is comfortable and enjoyable for you. (For example; partially sighted/hard of hearing/mobility impairment/wheelchair user, etc)

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In the unlikely event of a fire evacuation, do you feel you would require assistance to leave the building Yes ☐ No ☐

Accommodation Requirements:

Single ☐ Twin ☐ Triple ☐

Sharing with:

I understand it is my responsibility to provide information about any medical conditions or food allergies and to inform the group leader if any of the information provided should change prior to our visit.

Signed: Date: