



Christian care for families

Diocese of Leicester

Charity Number 250038

BRANCH: _____

SPEAKER BOOKING FORM

Dear

We would like to invite you to come and talk to our Mothers' Union branch about
(subject) _____

Dates available: _____

Time from _____ to _____
(we normally start the meeting with short prayers at _____ to which you are warmly invited)

Venue: _____

Please indicate if you would like a map / directions.

Average attendance expected: _____

Contact name: _____

Address/telephone: _____

Email: _____

PLEASE NOTE: under charity law we are not allowed to make a donation from our funds to other charitable causes. However, we shall be pleased to pay travelling expenses, which will be paid by the branch if you are not on the MU or Additional Speakers lists. PLEASE DETACH THE REPLY FORM AND RETURN IT IN THE ENCLOSED STAMPED ADDRESSED ENVELOPE. Thank you.

SPEAKER REPLY FORM

I shall be pleased to talk to: _____
(MU branch)

Name: _____

Contact address/telephone: _____

Date chosen: _____

Subject/title to be publicised: _____

I would like a map/directions: Yes/No

I hope to arrive in time for prayers: Yes/No

We hope most speakers can provide the equipment they need, but please indicate any particular requirements (e.g. room blackout etc.) and any extra time required for preparation.

Requirements: _____

Preparation time: _____

Probable expenses (if known): _____

Fee payable (if known): _____

[Please let us have a written note of your fee/expenses on the day.]