# **Nominations Form**

Junior Yearly Meeting

2 - 6 April 2016

At the Frontier Centre near Northampton



**Please return this form** as soon as possible but by 16 December 2015 at the latest. No place can be guaranteed for nominations received after this date. This form can be returned online, by post, by email or the information can be phoned through (contact details are at the end of the form).

Not nominating to Junior Yearly Meeting, please:

- complete Part 1
- return the form as soon as possible and by 16 December 2015 at the latest

Nominating to Junior Yearly Meeting, please:

- · read the 'Nominations Guidance' notes before filling out this form
- complete Parts 1 and 2
- return the form by 16 December 2015 at the latest

## Part 1

a.	Name of Area Meeting/Yearly Meeting/School:						
	☐ We will <b>not</b> be nominating to JYM 2016						
	☐ We will be nominating to JYM 2016						
b.	Would your meeting attend JYM 2016?	another area meeting to					
	□ No	Yes (please state how many)					
	☐ We confirm that payment for this is agreed (you will be sent an invoice for this)						
Part 2							
a.	Named contact pe	on (see supporting notes sent with	h the nominations guidance)				
Address							
Po	stcode						
Те	lephone	Email					

# b. Names nominated for a guaranteed places

Please confirm that you have the correct addresses and phone numbers before filling out the details requested below. We will use the information you provide to contact your nominee, sending them an information and consent form that they need to fill in and return within two weeks to confirm their place.

Please state the names below nominated for up to three guaranteed places:

We confirm that payment for the following places has been agreed ☐ Yes						
Name						
Address						
Postcode						
Telephone	YP Email					
Date of birth (must be between 1.9.97 and 31.8.00)						
Local Meeting:	Attended JYM before:	☐ Yes	□ No			
Parent / guardian name:						
Additional information:						
Name						
Address						
Postcode						
Telephone	YP Email					
Date of birth (must be between 1.9.97 and 31.8	3.00)					
Local Meeting:	Attended JYM before:	☐ Yes	□ No			
Parent / guardian name:	Parent / guardian email:					
Additional information:						
Name						
Address						
Address						
Postcode						
Telephone	VD Email					
Date of birth (must be between 1.9.97 and 31.8						
		L 163	LI INO			
Parent / guardian name: Parent / guardian email: Additional information:						
Additional information:						

# c. Names nominated for an additional place

Please confirm that you have the correct addresses and phone numbers before filling out the details requested below. We will use the information you provide to contact your nominees to see if they wish to have a place, sending them an information and consent form once a place is available, that they need to fill in and return within two weeks to confirm their place.

Please state below the names nominated for additional places, please complete the details according to the priority you have agreed:

We confirm that payment for the following places have been agreed ☐ Yes								
Priority 1. Name								
Address								
Postcode	Postcode							
Telephone	YP Email							
Date of birth (must be between 1.9.97 and 31.8								
Local Meeting:	Attended JYM before:	☐ Yes	□ No					
Parent / guardian name:	_ Parent / guardian email:							
Additional information:	Additional information:							
Priority 2. Name								
Address								
Postcode								
Telephone	YP Email							
Date of birth (must be between 1.9.97 and 31.8.00)								
Parent / guardian name:	_ Parent / guardian email:							
Additional information:								

#### Additional nominations continued

Priority 3. Name							
Address							
Postcode							
Telephone	YP Email						
Date of birth (must be between 1.9.97 and 31.8.00)							
Local Meeting:	Attended JYM before:	□ Yes	□ No				
Parent / guardian name:	Parent / guardian email:						
Additional information:							
District A Name							
Priority 4. Name							
Address							
Postcode							
Telephone	YP Email						
Date of birth (must be between 1.9.97 and 31.8.00)							
Local Meeting:	Attended JYM before:	☐ Yes	□ No				
Parent / guardian name:	Parent / guardian email:						
Additional information:							

If more additional places are wanted please include the details requested above for each additional nomination on a separate sheet

# **Enquiries**

By telephone on 020 7663 1013 or by email to <a href="mailto:cypadmin@quaker.org.uk">cypadmin@quaker.org.uk</a>

## Return information

#### Please return this form to:

Quaker Life Support Officer, Quaker Life, Friends House, 173 Euston Road, London, NW1 2BJ, or submit the online form at <a href="https://quakersinbritain.wufoo.eu/forms/junior-yearly-meeting-2016-nomination-form/">https://quakersinbritain.wufoo.eu/forms/junior-yearly-meeting-2016-nomination-form/</a>, or email <a href="mailto:cypadmin@quaker.org.uk">cypadmin@quaker.org.uk</a>, or phone the information requested to 020 7663 1013.

## By 16 December 2015

no place can be guaranteed for nominations received after this date.