

**THE BENEVOLENT COMMITTEE OF THE PROVINCE OF DURHAM
APPLICATION FORM FOR 2020 MASONIC GROUP BREAK**

(Please use a separate form for each applicant)

A APPLICANT'S NAME:

ADDRESS:

..... EMAIL:

TEL NO: MOB NO: DATE OF BIRTH:

Lodge Name and Number: Petitioner (or late Husband)

Preferred Accommodation: - Double * - Twin* - Single* (PLEASE INDICATE)

Are you willing to share a twin-bedded room with another single traveller **YES/NO**

Do you use a wheelchair? **YES/NO**

Do you use walking aids? **YES/NO**

Do you wish to take a mobility scooter? **YES/NO**

ONLY PRE AGREED MOBILITY SCOOTERS CAN BE CARRIED ON THE COACH

Is this your **FIRST** Masonic Break? **YES/NO** If **NO** in which year(s) did you attend?
Prior to 2008* 2009* 2010* 2011* 2012* 2013* 2014* 2015* 2016* 2018* (PLEASE CIRCLE AS APPROPRIATE)

Any special dietary, health or other requirements or observations:

.....

The cost of the break is £350 per person.
Financial support will only be considered for **FIRST TIME APPLICANTS**, those in receipt of National or Provincial Masonic Charity Grants, State Benefit, and those who have a financial need.
If travel insurance is required, this is the responsibility of the person travelling.

B I agree to forward a cheque for £ made payable to **Durham Benevolence Ltd**, if my application is successful

C IF FINANCIAL SUPPORT IS REQUESTED COMPLETE BELOW FINANCIAL CIRCUMSTANCES

Total Monthly Income £.....

Total Monthly Expenditure £.....

Total Investments and Savings £.....

I vouch and certify the above information

Applicant Signature **Date**

D IN CASE OF EMERGENCY DETAILS :

NAME:

ADDRESS:

TEL NO: MOB NO:

EMAIL:

CERTIFICATE OF BENEVOLENT REPRESENTATIVE/VISITING VOLUNTEER

In my opinion the applicant will benefit from a Masonic Group Break and the financial disclosure, is to the best of my knowledge, correct and for consideration.

Signed Print Name

Date Lodge Name Lodge No

DATA PROTECTION CONSENT:

By completing and signing this form, I give permission for my data to be held by the Provincial Grand Lodge of Durham, and may process personal data relating to me for administration purposes.
I give my permission for my contact details, and in case of emergency details I have provided, to be made available to a third-party company providing transportation for the Group Break.

Signed:..... Date:.....

For Provincial Office use:

Date Received Agreed Yes/No Date Signed