

**THE BENEVOLENT COMMITTEE OF THE PROVINCE OF DURHAM
APPLICATION FORM FOR 2018 MASONIC GROUP BREAK**

(Please use a separate form for each applicant)

A APPLICANTS NAME:
ADDRESS:
..... EMAIL:
TEL NO: MOB NO: DATE OF BIRTH:
Lodge Name and Number: Petitioner (or late Husbands)
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 the Break?
Prior to 2008* 2009* 2010* 2011* 2012*2013*2014*2015*2016*(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 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 enclose herewith a cheque for £ made payable to **Durham Benevolence Ltd.**

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 EMERGENCY CONTACT DETAILS (NEXT OF KIN)

NAME:
ADDRESS:
TEL NO:
MOB NO:
EMAIL:

CERTIFICATE OF BENEVOLENT REPRESENTATIVE

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
Benevolent Committee Representative

Date Lodge Name Lodge No

For Provincial Office use:

Date Received Agreed Yes/No Date Signed