LANCASHIRE FEDERATION RED ROSE RESIDENTIAL COURSE HIGHAM HALL, COCKERMOUTH, CUMBRIA – 1st to 3rd September 2026

Name						
Address						
Postcode						
Contact telephone						
Email address						
Name of WI of which you are a member						
Travelling Arrangements						
Own transport						
Car share						
Public transport						
Chosen Course						
Title	Tutor			Please number choice 1-3		
1. ENAMELLING		Sharon Ford				
 (a) STUMPWORK PANSY BOX OR (b) A BEADED CABACHON Please state your choice in the end 		Angie Burt				
<mark>column</mark>						
3. LAKELAND GARDENS		Louise Stoddart				
Additional Information						
Room preference	Single	Double	Twin		ite (if	Disabled
(please tick but note cannot be				available) Room		Room
guaranteed)						
Names of people sharing if	1.		<u> </u>			
applicable						
	2.					
Do you have any special dietary requirements?						
Payment Instructions						
Non-refundable deposit of £50 – c presented until your place is confi		able to LFWI	by 9 th Febr	uary 2	026 (thi	s will not be
Balance to be paid by 20 th July 20	026					