**FFURFLEN GOFRESTRU: CYFARFOD DATHLU I HOLL FEDYDDWYR CYMRU**

***REGISTRATION FORM: CELEBRATION DAY FOR ALL BAPTISTS IN WALES***

DYDD SADWRN/*SATURDAY,* 17 MEHEFIN/*JUNE* 2017

|  |  |
| --- | --- |
| Byddwch garediced â llenwi'r ffurflen hon a'i dychwelyd gyda siec am y tâl priodol yn daladwy i ‘Undeb Bedyddwyr Cymru’ erbyn **17 Mai 2017 at:**  | *Please complete this form and return it with a cheque for the appropriate amount payable to the ‘Baptist Union of Wales’ by the* ***17May 2017 to****:* |

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**Mrs Menna Jones,**

**Undeb Bedyddwyr Cymru/*Baptist Union of Wales,***

**Y Llwyfan,**

**Heol y Coleg/*College Road***

**Caerfyrddin/*Carmarthen* SA31 3EQ**

**01267 245660**

**Enw/*Name*:**

**Eglwys/*Church*:**

**Cyfeiriad/*Address*:**

**Côd Post/ *Postcode*:**

**Rhif Ffôn/*Telephone Number*:**

**E-bost*/E-mail****:*

Gellir defnyddio’r ffurflen hon ar gyfer archebion grŵp, ond bydd angen enw person cyswllt. Os ydych yn dod â phlant/pobl ifainc, rhaid nodi’u henwau a’u hoed ynghyd ag unrhyw anghenion arbennig, enw’r person cyfrifol a rhif ffôn cyswllt. Cofiwch sicrhau bod ffurflen caniatâd yn cael ei llenwi ar gyfer pob plentyn. Bydd ffurflenni ar gael ar gyfer plant sy’n dod gyda’u teuluoedd ar y diwrnod.

*This form can be used for a group booking but we will need a contact name. If you are bringing children/young people, then please note their names and ages along with any special needs and the name of the responsible person with a telephone contact number in case of emergency. Please ensure that parents or guardians have completed a consent form for each child. Forms will be available for children coming on the day with their families.*

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| Dydd Sadwrn/*Saturday*  17 Mehefin/*June 2017* | **Oedolion/*Adults*:****Tâl/*Payment*: £10** | Nifer/*No*. x £10 | *=* |
| Dydd Sadwrn/*Saturday*  17 Mehefin/*June* *2017* | **Plant: dim tâl*****Children: no payment required*** | Nifer/*No*. | *=* |
|  | Cyfanswm*/Total:* |  |  |

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| --- | --- | --- |
| Enwau’r Plant/Pobl Ifainc*/**Names of Children/Young People* | Oed*/Age* | Anghenion Arbennig*/Special Needs* |
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| Enw a Rhif Ffôn y Person Cyswllt mewn achos o argyfwng / *Name and Telephone Number of Contact Person in case of an emergency.*  |  |  |

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*North Wales Baptist Union*