

BOOKING REQUEST FORM

Room / Area:	<input type="checkbox"/> Sports Hall	<input type="checkbox"/> Gym	<input type="checkbox"/> Dance Studio	<input type="checkbox"/> Main Hall	<input type="checkbox"/> School Field
	<input type="checkbox"/> Youth Club	<input type="checkbox"/> Music	<input type="checkbox"/> Art	<input type="checkbox"/> Drama	<input type="checkbox"/> Other

Date(s) :.....

Time from:.....to:.....

Set up time:.....Break down time:.....

Do you wish to block book this for the term – 10 weeks? Yes No

NAME: Mr / Miss / Mrs / Ms

COMPANY / ORGANISATION / CLUB

ADDRESS:.....

.....POSTCODE:.....

TELEPHONE No.

(Day)..... (evening).....

NUMBERS ATTENDING: Adults.....Juniors.....age.....

EQUIPMENT REQUIRED:.....

SIGNED:.....DATE:.....

Learning to create a better future, today



RECEPTION USE: Date received.....Time received.....

Name of Receptionist.....

Quote Required? (please circle) Yes No

OFFICE USE ONLY: Date Received.....by.....

Booking on system (date):.....

Copy passed to school site team: Yes No

Signed: