

BOOKING REQUEST FORM

Room/Area							
Sports Hall		Main Hall		Dance Studio		Gym	
School Field		Music		Youth Club		Drama	
Art		Other:					

Date:								
Cost:								
Time : from:				Time to:				
Set up time :				Break Down time:				
Do you wish to block book this for the term (10 weeks)					Yes		No	
Title	Mr	Mrs	Miss	Ms	Other			
Name								
Company/Organisation/Club								
Main contact address								
Post Code								
Telephone number:	Work:							
	Home:							
	Mobile:							
	Email:							
Numbers attending:	Adults		Juniors		Age			
Equipment required								
SIGNED					DATE:			

FOR RECEPTION USE:

Name of receptionist							
Date received:				Time :			
Quote Required?	Yes		No				

FOR OFFICE USE ONLY:

Date received:			By:				
Quote Required?	Yes		No				
Booking on system:							
Signed							

Revised on 21 November 2011

Learning to create a better future, today