

**BOOKING ENQUIRY FORM**



Name of Group/Organisation:	
Contact Person:	Tel:
Date of Event:                      Day: _	Responsible Person on the day:
Number Attending:	Email:
Start Time of Event:	Finish Time of Event:
Title of Event:	

**ROOM REQUIRED:**

St Peter's    
 Phoenix    
 Ovie Williams    
 Kitchen    
 Reception

Room Layout:	Equipment:	Catering:
Boardroom	Interactive White Board	Free flow: Tea, Coffee, Biscuits, Filtered Water
Cafe Style	Flip Chart, Pens, Paper	Squash
Circle of Chairs	Laptop & Projector	Fruit Juice @ £1.50 per carton
Classroom	Microphones	Sparkling Water
Theatre	TV / DVD / Video	Buffet
U-shaped	OHP	
Other:	PA/Loop System	

**Additional information:**

**Invoice Details**

Name:

Address:

Postcode:

**OFFICE USE ONLY**                      RECEIVED BY:

DATE BOOKING ENQUIRY TAKEN:                      CONFIRMATION SENT:

TYPE OF ORGANISATION:                      STATUTORY.....                      VOLUNTARY .....                      OTHER .....