

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