**Shedfield Study Centre Booking Form**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contact name** | |  | | | | | | |
| **Name of organisation**  **(if applicable)** | |  | | | | | | |
| **Address** | |  | | | | | **Postcode** |  |
| **Telephone** | |  | | | | | | |
| **Email** | |  | | | | | | |
| **Date required** | |  | | | | | | |
| **Time required** | |  | | | | | | |
| **Description of activity** | |  | | | | | | |
| **Do you require use of the church?** | |  | | | | | | |
| **Additional facilities required** | |  | | | | | | |
| **People attending** | | **Adults** |  | | | **Children** |  | |
| **Do you require use of the kitchen?** | |  | | | | | | |
| **Catering requirements?** | |  | | | | | | |
| **Hire cost** | | **£** | | **On receipt of the completed Booking Form an invoice will be issued.** | | | | |
| **I confirm that I have read, agree and retained a copy of the Study Centre Conditions of Booking and Use and the Fire Evacuation Procedure.** | | | | | | | | |
| **Signed** |  | | | | **Date** | |  | |

**Please complete the Booking Form and email a copy to** [**shedfieldstudycentre@btinternet.com**](mailto:shedfieldstudycentre@btinternet.com) **or**

**place in the Study Centre mail box (adjacent to the church) or**

**mail to Shedfield Study Centre, St John’s Lane, Shedfield, SO32 2HY**

|  |  |
| --- | --- |
| **For Office use only:** |  |
| **Insurance A B C D** | Added to diary |
| Payment received (Cheque/Transfer) | Invoice raised |
| Catering team advised |  |