**Shedfield Study Centre Booking Form**

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| **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** **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**

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