

GLUSBURN INSTITUTE BOOKING FORM FOR HIRE OF MEETING ROOM

DATE(S) REQUIRED

TYPE OF ACTIVITY

AGE GROUP

NAME

ADDRESS

EMAIL

CONTACT TELEPHONE NUMBERS:

HOME

WORK

MOBILE

TIME(S) Please allow for setting up & clearing away in this. The caretakers will expect to open & lock up at these times. It is greatly appreciated if the room is left in the condition it was found in.

START:

FINISH:

ROOM SET UP

Number of chairs

Arranged In rows

Around edge

Cabaret style

Number of tables

How arranged?

ANY SPECIAL REQUIREMENTS ?

USE OF SERVERY AREA?

ANY OTHER?

PAYMENT

Cheques are payable to "*Glusburn Institute Management Committee*" and must accompany this form.

I have read and accept the booking conditions for Glusburn Institute.

Signed _____

Date _____

