

Brooklands Childcare
Training Room Hire Booking Form

Name of Organisation _____

Contact Name _____ Telephone No _____

Order Number _____

Title of Meeting _____

Date Required _____ From: _____ To: _____

Anticipated Number of Attendees _____

Equipment Requirements _____

Room Layout _____

Catering Requirements _____

Lunch Buffet: Yes / No Time Required _____

Tea / Coffee / Biscuits Yes / No Time Required _____

Any Other Requirements _____

Have you arranged Insurance Cover? Yes / No
It is the hirers responsibility to arrange their own Third Party and Personal Accident Insurance

Applicants Signature _____ Date _____

For Office Use Only

Received by _____ Date _____

Confirmation sent by _____ Date _____

Invoice Number _____ Date _____

Date Payment Received _____