**Whitchester Christian Centre**

**Residential Group Booking Form**

**Name or nature of group…………………………………………………………………………………….**

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| Name of person making booking: | Name of person leading / attending:*(if different to person making booking)* |
| Correspondence Address: | Address: |
|  |  |
|  |  |
|  |  |
|  |  |
| Daytime Telephone: | Daytime Telephone: |
| Evening Telephone: | Evening Telephone: |
| Mobile: | Mobile: |
| E-mail: | E-mail: |

|  |
| --- |
| Inclusive Dates From: To: |
| Time of Arrival: |
| First Meal: |
| Time of Departure: |
| Last Meal: |
| Total Cost: |
| Anticipated Numbers: (Please notify us of any changes) |
| Meeting room(s) requested: |
| Equipment requested: |
| Other special requests / dietary requirements: |

I have paid a deposit of £100 which I understand will be deducted from my final bill. (This deposit can be paid by bank transfer: Name of account: Whitchester Christian Centre, Account no. 00220084, Sort Code: 83-23-01 or cheque if preferred).

**For BACs payments, please use your group name as the reference.**

I confirm that I have received and read the notes for residential group leaders.

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| **For Office Use Only**Deposit PaidPre-Payment (8 weeks before stay)Final Balance PaidRoom AllocationsMenus |

Signed

Date

Job Title / Role