Text

Description automatically generated

|  |  |
| --- | --- |
| **Event Name:** |  |
| **Event Date:** |  |
| **Guest Name**: |  |
| **Event Fee:** |  |
| **Contact Details:** | |
| Address: |  |
| Email: |  |
| Phone: |  |
| ETA (from 4pm)  *(residential stays only*) |  |
| Do you have any accessibility requirements (eg ground floor room)? |  |
| Dietary Requirements |  |
| Any other info we should know? (eg are you bringing a dog? Or allergic to dogs?) |  |

Please use your name as the reference and make payment to:

Whitchester Christian Centre

Account no. 00220084 Sort Code: 83-23-01

For Office completion:

|  |  |
| --- | --- |
| Room no |  |
| Invoice |  |