**St Nicolas Church Room Booking Form**

**Registered Charity No: 1127867**

I accept personal responsibility for ensuring the Rules & Conditions are complied with in connection with this booking

Signed by …………………………………….

Name…………………………………… Type of Event………………………………

Address………………………………… Organisation……………………………….

………………………………………….. Contact phone No…………………………

………………………………………….. Mobile no…………………………………..

Post code……………………………….. Charity no…………………………………..

E-mail………………………………………………………………………………………

1. **Day room required:………………………………………………………………..............**
2. **Frequency (weekly, monthly etc.): ………………………………………………………**
3. **Start time**: Including setting up………………………………
4. **Finish time:** Including clearing up…………………………….
5. **Numbers** – Approx. number of people attending………………………………

Please note room capacity is 40 seated/ 50 standing

1. **Payment: £**

£40 per session

Cheques should be made payable to St Nicolas PCC

BACS payment Sort Code 40-52-40 Account 00019044

(please email office@stnicolasbookham.org.uk if making an online payment, so we can notify the treasurer).

1. **Insurance provider**………………………………
2. **Risk Assessment attached yes/no**