

St. John's Centre Booking Request Form

Name of Group wishing to use the room _____

What for?

Which date(s)?

What Time?

How many hours?

Contact name and telephone number of the person requesting the booking on behalf of the group

PLEASE MAKE SURE THAT THIS REQUEST FORM IS SUBMITTED TO THE VICARAGE OFFICE AT LEAST A MONTH BEFORE YOU WANT THE CENTRE. IT IS YOUR RESPONSIBILITY TO MAKE SURE IT HAS BEEN RECEIVED.

THE CENTRE IS NOT BOOKED UNTIL CONFIRMED IN WRITING ON THIS FORM.

The Centre is available on the dates you have requested and I am happy to confirm your booking.

There will be a charge of £ _____ payable to St. John's PCC or in cash before you use the Centre.

**You are expected to abide by the terms and conditions of hire.
Please make sure you take a copy.**