



122 Heene Road Worthing West Sussex BN11 4PL Telephone 01903 209997 info@heenecommunitycentre.org

## **STANDARD BOOKING FORM**

Activity Title:	itle:	

Activity Date:							
Times must include	Access:		Start:		Finish:		
Set-up/take down:							
Room Required:				Maximum	Delegate		
				Numbers:			
Where did you hear	Family or Friend/ Facebook /Internet search / Local / Website /						
about us?	Word of Mouth /Other						
Equipment Required:	(Flipchart & Pens / Projector & Screen / Laptop /						
(Please circle)	Mineral Water /PA System) – Please check with the office beforehand						
	There will be extra costs for equipment hire and refreshments						
Contact Name:							
Contact Address							
Contact Address							
(Including Postcode):							
Email Address:							
Contact Phone							
Number:							
Signature:			Date of Sign	nature:			
(Electronic accepted)							
Payment:	Bacs Transfer / Cheque / Cash						
(Please circle)	Against Invoice (				-		
	All bookings mus	t be paid for in		•	nt.		
Date of Payment:			Purchase O				
			(If applicable	le):			
Any Other							
Information:			. ,				
If paying by Bacs Transfer, please quote booking date when paying, (see Account Details below)							
Bacs Payments	Account Name:		Heene Com	munity Associa	ation		
Information:	Sort Code:		09-01-29				
	Account Number	:	09513961				
Cancellation	There will be a 100% cancellation fee for all cancelled bookings.						
Information:							