

## VENUE BOOKING REQUEST FORM

PLEASE PRINT & USE BLACK INK

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

### REQUESTED BY

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### DETAILS OF EVENT (Please circle where applicable)

Venue: Church Parish Centre

Times: Start: \_\_\_\_\_ Finish: \_\_\_\_\_

### REHEARSALS IN THE CHURCH (For Concert/Church Bookings Only)

1<sup>st</sup> Date Start: \_\_\_\_\_ Finish: \_\_\_\_\_

2<sup>nd</sup> Date Start: \_\_\_\_\_ Finish: \_\_\_\_\_

### CATERING REQUIREMENTS

Morning Tea Time: \_\_\_\_\_

Lunch Time: \_\_\_\_\_

Afternoon Tea Time: \_\_\_\_\_

Intermission Time: \_\_\_\_\_

Duration: Time: \_\_\_\_\_

(Please advise for Concert Bookings)

### MISCELLANEOUS (Special Requests/Dietary Requirements)

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### INVOICING DETAILS

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