



BOOKING FORM / AGREEMENT

OFFICE USE : BOOKING REF.
.....

INFORMATION

NAME GROUP

NATURE OF GROUP (school / student / church / etc)

Was this booking a direct result of a CCI Venue-Finding Enquiry? Yes No

If Yes, what was the Reference Number?

CONTACT PERSON FOR BOOKING - the person to whom we will send the booking confirmation and all subsequent details relating to this booking. **NB If you are not to be the contact person but you are taking ultimate responsibility for the booking please enter your details over the page.**

NAME

ADDRESS

.....

..... POST CODE.....

PHONE HOME WORK

MOBILE FAX

E MAIL

BOOKING DETAILS I WISH TO BOOK (tick and complete as necessary)

QUINTA HALL for a minimum number of people

SEVERN LODGE Option ... for a minimum number of people

THE ANNEXE Option ... for a minimum number of people

THE ARCHWAY for a minimum number of people

PERRY LODGE for a minimum number of people

REED HOUSE for a minimum number of people

CAMPING for approximately people

FROM (State day, date and year)

TO (State day, date and year)

HIRED BED LINEN SETS Please indicate if you wish to hire bed linen from us rather than bring your own

We wish to hire linen for approximately people

CATERING ARRANGEMENTS (for our information) Please tick as appropriate

We intend to self-cater / bring our own caterer

We intend to use Hazel Hall Ltd and we have contacted her **PTO**

AGREEMENT DETAILS

- ▶ I enclose a deposit of £.....
(Cheques payable to **Centre Ministries-Quinta**. For amount see Terms & Conditions)
- ▶ I am over 18.
- ▶ I have read the Terms and Conditions and the Notes of Guidance section in the current User’s Handbook.
- ▶ I agree (or am formally authorized to agree on behalf of the organisation named below)
 - ▶ To be bound by the centre’s terms and conditions including cancellation charges
 - ▶ To abide by the ‘Notes of Guidance’ section in the current Quinta User’s Handbook
 - ▶ To be responsible for any liability or damage arising from, or caused by, my group in its use of the centre

RESPONSIBLE PERSON taking ultimate responsibility for booking (may or may not be same as contact person)

NAMESIGNATUREDATE

Contact details of “responsible person” if different from contact person:

NAME

ADDRESS

..... POST CODE.....

PHONE HOME WORK

MOBILE FAX

E MAIL

Do you or your organisation have a Child Protection Policy Yes No

If yes, please give the name of your child protection co-ordinator and their emergency contact number

NAME PHONE

ADDRESS

..... POST CODE.....

Further Organisation Details (only where appropriate)

The group is part of (name of organisation)

Name of authorising executive / committee

Contact Details (if different from both above) ADDRESS

..... POST CODE

QUINTA HALL WESTON RHYN OSWESTRY SHROPSHIRE SY10 7LR
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