Greenwich & Bexley Community Hospice



185 Bostall Hill, Abbey Wood, London, SE2 0GB

Telephone: 020 8312 2244

Email: info@gbch.org.uk

Website: www.communityhospice.org.uk

ROOM BOOKING FORM

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CONTACT DETAILS: | | | | |
| Name of Organisation: | | Click here to enter text. | | |
| Organisational status: | | Choose an item. | | |
| If ‘other’ please state: | | Click here to enter text. | | |
| Name of Contact: | | Click here to enter text. | | |
| Contact telephone number: | | Click here to enter text. | | |
| Email address: | | Click here to enter text. | | |
| Date of Event: | | Click here to enter a date. | | |
| Time room required: | From: | Click here to enter text. | To: | Click here to enter text. |

|  |  |
| --- | --- |
| ROOM STYLE SET UP: | |
| Please state: | Choose an item. |
| If ‘other’, please state: | Click here to enter text. |
| Equipment required: | Choose an item. |
| If ‘other’, please state: | Click here to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CATERING REQUIREMENTS: | | | | |
|  | | Item(s) required | | Time(s) required |
| Tea/coffee/water/juice/biscuits: |  | Click here to enter text. | | Click here to enter text. |
| Lunch: |  | Click here to enter text. | | Click here to enter text. |
| Supper: |  | Click here to enter text. | | Click here to enter text. |
| Special dietary needs: |  | Please state: | Click here to enter text. | |
| For how many people? | Click here to enter text. | | | |
| Any other requirements? | Click here to enter text. | | | |

|  |  |
| --- | --- |
| INVOICE TO BE SENT TO: | |
| Name:  Click here to enter text. | Address:  Click here to enter text. |

Once completed, please return this form to Sue Smyth at suesmyth@gbch.org.uk