Greenwich & Bexley Community Hospice

logo

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Telephone: 020 8312 2244

Email: info@gbch.org.uk

Website: www.communityhospice.org.uk

ROOM BOOKING FORM

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| 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. |

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| 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. |

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| 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. |

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| 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