Signal Box Premises Booking Form

Please return this page to clerk@churchillandblakedown-pc.gov.uk

Name/Organisation	
Contact name and Address for the Organisation	
Phone number	
Email	

Booking details

Date(s) required	
Nature of function	
Start and End time	
Any special requirements?	
Are you bringing in any electrical equipment for use during the event?	
Supervisor/Responsible Adult Name (if applicable) and Tel No for during the function	

USER SIGNATURE (over 18 years only):…….. DATE:…….

By signing this form I agree to observe the conditions of Use outlined in the User Agreement and Standard Conditions of Use, details of how we process your data are contained within the Agreement.

On behalf of CBVT…… DATE:……..