



# Booking Form

Thank you for your recent booking of facilities at Aylesham Community Project for the following:-

CLIENT NAME

DATE OF EVENT

Please complete the rest of the form and return it to us as soon as possible

MEETING TITLE  TOTAL NUMBERS

TUTOR ACCESS TIME  MEETING START TIME

## ROOM LAYOUT OPTIONS:-

<p><b>A: U-SHAPE</b> With tables and chairs</p>	<p><b>B: OPEN BLOCK</b> A square with tables and chairs</p>	<p><b>C: CLASSROOM</b> Separate table and chairs</p>
<p><b>D: THEATRE</b> Rows of chairs only</p>	<p><b>E: HORSESHOE</b> U-Shape with chairs only</p>	<p><b>F: OTHER:</b> Please specify</p>

ROOM LAYOUT: We require the following layout  with places for  delegates

Training Aids: Data Projector

Marker pens

TV Video

Flipchart

Photocopying is available from 10p per copy payable to the Administrative Officer or on account.

T: 01304 842 826

E: [info@aylesham.org.uk](mailto:info@aylesham.org.uk)

W: [ayleshambusinesspark.com](http://ayleshambusinesspark.com)



# Catering

Delegate Rate A	Delegate Rate B or Delegate Rate B Breakfast	Delegate Rate C	Delegate Rate D
<b>£8.00</b>	<b>£13.50</b>	<b>£15.50</b>	<b>£18.00</b>
Includes Room Hire of main room and Refreshments with Biscuits	Includes Room Hire of main room, Refreshments with Biscuits and a Sandwich Buffet with hot savouries Or Breakfast Option 1, 2 or 3	Includes Room Hire of main room, Refreshments with Biscuits and Lunch Option 1 Option 2 Option 3 Option 4 Option 5	Includes Room Hire of main room, Refreshments with Biscuits and a Hot Buffet Lunch or Full Finger Buffet

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Please tick above box which option is required together with lunch option if appropriate.

Please note: There are no facilities for making your own tea/coffee and lunches consumed on the premises must be supplied through us.

Please let the Administrative Officer know in good time by telephone or e-mail if any delegates have special dietary needs i.e.: diabetic, gluten free etc. or additional needs i.e.: wheelchair access, hearing impairment etc.

Workshop Rooms at £55.00 each

SIGNED \_\_\_\_\_  
(Person making the booking)

Tel: \_\_\_\_\_

CONTACT ON DAY: \_\_\_\_\_  
(Tutor/Lecturer)

INVOICE TO: \_\_\_\_\_  
(Please print name and address)

**CANCELLATIONS WILL BE CHARGED AS FOLLOWS:**

4 Weeks notice 25% charge  
 7 and 4 days inclusive there will be 50% charge  
 3 and 2 days inclusive there will be 75% charge  
 The working day before or on the day then the full charge will be liable.  
 All booking and cancellations should be confirmed in writing.  
 ALL BOOKINGS ARE SUBJECT TO THE ABOVE TERMS AND CONDITIONS