



**A charge is made for all bookings cancelled with less than seven days notice**

**Please return this form to the Church Caretaker, John Johnson, at the Church Office, NG2 7QP**

<b>Name of Hiring Group</b>			
<b>Full Name of Applicant</b>			
<b>Full Postal Address</b>			<b>Telephone</b>
			<b>Postcode</b>
<b>Email address</b>			
<b>Purchase Order Number</b>			
<b>Name and address of person to be invoiced (if different to above)</b>			<b>Telephone</b>
			<b>Postcode</b>
<b>Date of booking(s)</b>			

<b>Room(s) to be cancelled</b>	<b>Time(s) in hourly units, to include any times for setting up and clearing away</b>					
	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>Rooms 2,4,5,8,9</b> <i>State room number(s)</i>	⌚ From - To	⌚ From - To	⌚ From - To	⌚ From - To	⌚ From - To	⌚ From - To
<b>Upper Hall</b>	⌚ From - To	⌚ From - To	⌚ From - To	⌚ From - To	⌚ From - To	⌚ From - To
<b>Lower Hall</b>	⌚ From - To	⌚ From - To	⌚ From - To	⌚ From - To	⌚ From - To	⌚ From - To
<b>Lower Hall with kitchen (Note 11)</b>	⌚ From - To	⌚ From - To	⌚ From - To	⌚ From - To	⌚ From - To	⌚ From - To
<b>Church (Note 12 - per 4hr session)</b>	⌚ From - To	⌚ From - To	⌚ From - To	⌚ From - To	⌚ From - To	⌚ From - To

**Reason for cancellation**

**I hereby request cancellation of the hire described above. I agree to pay the assessed charges if this form is not received by the Caretaker at least seven days before the earliest date above.**

**Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_.**

<b>Request received by Church Caretaker</b>	<b>Date</b>	<b>Approval given by Church Council</b>	<b>Date</b>