Completed booking forms to be returned to:

Mrs E Nicholson/Mrs A Doyle, Cockermouth School, Castlegate Drive, Cockermouth Cumbria CA13 9HF Email: nicholsone@cockermouthschool.org or doylea@cockermouthschool.org

Telephone: 01900 898888



## MIKE WILDE ECO CENTRE- BOOKING FORM

Please note that without a completed booking form no reservation will be accepted. Notice of cancellation is required should the event not go ahead as planned.

**Headteacher:**Dr R P Petrie BSc PhD

ORGANISATION							
CONTACT NAME							
TELEPHONE NUMBER							
EMAIL ADDRESS							
INVOICE ADDRESS							
POSTCODE							
FACILITY REQUIRED Please tick all that are required	Whole Building Auditorium		NUMBER OF			ADULTS:	
	Seminar		DELEGATES				
Troase lick all that are required	Foyer Kitchen		DELEGATES			CHILDREN:	
DATE(S) REQUIRED							
TIME OF HIRE Allowing for set up where necessary	Start:		Finish:				
	Doorde	0000				Pods	
LAYOUT REQUIRED	Boardroom		ADDITIONAL				
	Conference					Tables	
	Cabaret		REQUIREN	<b>MENTS</b>		IT Equipment/Technic	cian
	Empty					Catering	
						Menus & prices available on req	uest
Please confirm the following documents are in place (please tick):							
CRB / DBS			olicy [		Risk	Assessment	
Public Liability Insurance  A copy of the insurance certificate must be provided at the time of booking.							
I, the undersigned have read and agree to the terms and conditions of hire.							
Name:	Signature:			Date:			
		-					

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