



**St. James Centre
Community Room Booking Form**

Name:

Title:

Organisation:

Address:

Billing Address (If different from above)

Contact & Contact Number:

Event:

Date:

Type:

Time start:

Finish:

Refreshments/Food Requirements:

Number Attending:

Ref No:

Training Aids Required:

Room Layout:

Date of enquiry:

Confirmed:

Invoiced:

Paid:

Where/how did you hear about us?.....