



BOOKING FORM FOR ROCKFIELD PARK COMMUNITY CENTRE

NAME	
TELEPHONE NUMBER (MOBILE IF POSSIBLE)	
EMAIL ADDRESS	
FULL POSTAL ADDRESS	
DATE REQUESTED	
TIME REQUESTED	
PURPOSE OF BOOKING	
FACILITIES REQUIRED FOR BOOKING	
AMOUNT OF PAYMENT DUE (£7 PER HOUR WEEKDAYS/ £8 PER HOUR WEEKENDS)	
HOW YOU WISH TO PAY (BANK TRANSFER, CHEQUE, CARD OR CASH)	
DATE OF PAYMENT DUE (ONE OFF BOOKINGS DUE AT LEAST 7 DAYS BEFORE DATE OF EVENT)	

BANK DETAILS FOR BANK TRANSFER:

NAME: ROCKFIELD PARK COMMUNITY CENTRE

SORT CODE: 404717

ACCOUNT NUMBER: 43884384

CHEQUES PAYABLE TO ROCKFIELD PARK COMMUNITY CENTRE

THANK YOU

Anthony Cope

TRUSTEE

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