

## **Barnes Close**Residential Booking Form

| Dates of visit:<br>Times:  |  | From I   | DD/MM/YY<br>HH:MM                           | To<br>of Dep               | DD/MM/YY<br>parture HH:MM  |  |
|--|--|--|---|----------------------------|--|--|
| Church/O<br>Organiser<br>Address   | rganisation  |  |   |                            |  |  |
|  |  | Post Code  |   |                            |  |  |
| Telephone Number   |  | Email  |   |                            |  |  |
| Number in Number o   | n group Ac<br>f meeting rooms  | dults<br>s required _  | Children (18                                | 3 & unde                   | r) Total very quiet or cannot manage   |  |
| Deposit  | A non-returnab   | le deposit of £  | 250 should be for                           | warded wit                 | th this booking form   |  |
| Cheques  |  | ake cheques payable to 'Community for Reconciliation'  |   |                            |  |  |
| Diets  |  | a & other dietary requirements must be notified at least 14 days in advance  |   |                            |  |  |
| Numbers  |  | s and a copy of the bedroom plan must be received by Barnes Close at least to arrival. If this number reduces later cancellation charges apply as below. |   |                            |  |  |
| Balance  |  | se receiving final numbers an invoice for the remaining balance will be sent st be paid at least 7 days before your visit                                |   |                            |  |  |
| Bed Linen  | If you are a you please tick here  | routh/school group and are bringing your own bed linen or sleeping bags<br>ere   |   |                            |  |  |
| occurs withir this form. G   | n three months of the roups are advised to give a significant of the roups are advised to the roups are also the roups are advised to th | ne booking. T<br>to take out the   | his also applies to<br>eir own cancellation | a reduction<br>n insurance | ed on this form is due if cand<br>on in numbers from those st<br>e.<br>hereupon we will send you |  |
| confirmation   | by email or post.  |  |   |                            |  |  |
| Signed (Organiser)   |  | Date DD/MM/YY  |   |                            |  |  |
|  |  |  |   |                            | For Office use only  |  |
| Please return completed f<br>The Bookings Secretary<br>Barnes Close, Chadwich, |  | orm to:  |   | Depos                      | sit received: £  |  |
|  |  | 3romsgrove, B61 0RA  | B61 0RA                                     | Date:                      |  |  |
| cfrenquiry@aol.com Tel: 01562 710231   |  |  | 31  | Signe                      | d:   |  |