St James Church, West Streatham

LETTING APPLICATION FORM CENTRE BOOKINGS

| | Phone: | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| | Approx Number of Guests | |
| | Event Time End: | |
| PARTY DECORATORS / ENTERTAINERS etc | | |
| For external services, please provide contact details below. This is to confirm identity, resolve setup/clear away questions, and return left items. | | |
| | Name: | |
| | Address: | |
| | Phone: | |
| | Email: | |
| | Role: | |
| | olease provide contact d | Approx Number of Guests Event Time End: ARTY DECORATORS / ENTERTAINERS e please provide contact details below. This is to day questions, and return left items. Name: Address: Phone: Email: |

Completion of this form indicates acceptance of our standard booking terms. Please see website for details.

Your information will only be processed for the booking of this event.

We may wish to contact you about future events at the church. If you do not wish to be contacted please tick: \Box