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Community Voluntary Service Booking Form

**43 Bromham Rd, Bedford MK40 2AA | Tel: 01234 354366 | Email: info@cvsbeds.org.uk**

**Event Booking Request**

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| **Event Title** |  |
| **Event Date & Venue** |   |
| **Delegate Name(s)** |  |
| **Organisation Name** |  |
| **Contact Details** | Telephone number: | Email address: |
| **Address** |  |
|  |
| **Event Fee*****(unless FREE, please complete the box below )*** | Total cost: |
| **Payment Details*****(please indicate your payment choice)*** | Invoice OrganisationSupply address for invoice*(if different to above)* | BACS Transfer to CVSuse ref: CVS EventSC 40-52-40A/c No: 00006469**Receipt Required?** | Cheque or Cash Cheques payable to CVS **Receipt Required?** |
|  |
| **Please indicate if you have any particular dietary or access requirements for the event.** |  |

Return your completed form to info@cvsbeds.org.uk. We will contact you to confirm your booking. Cancellations must be notified – refunds are not available within 14 days of the event date.