



# St Michael & All Angels Church

Parish Centre  
28 Hightown  
Middlewich  
Cheshire  
CW10 0RS

Tel: 01606 738005

[admin@middlewichparishchurch.org.uk](mailto:admin@middlewichparishchurch.org.uk)



## Centre Booking Form/Invoice

Date of Invoice:		Invoice Number:	
------------------	--	-----------------	--

Name of Organisation:				
Name of Hirer:				
Address:				
Telephone Number:				
Email Address:				
Registered Charity No <i>(where applicable)</i> :				
Room(s) Required <i>(please circle)</i> :		Coffee shop		Large/ Small meeting room
Date Room Required:				
Start & End Time <i>(inc set/clear up)</i> :				
Repeat Dates:				
Expected Number Attending:				
Tea/Coffee Required:		Time(s) Tea/Coffee		1
YES/NO <i>(please circle)</i>		to be served:		2
				3
Room Hire:		..... hours @ £..... per hour		£
Tea/Coffee:		..... @ £1.00 per cup		£
<b>TOTAL AMOUNT PAYABLE:</b>				£
<b>Payment is due 28 days in advance (not VAT registered)</b>				
Cheques should be made payable to <b>Middlewich PCC</b>				

<b>Will children under the age of 18, unaccompanied by their guardian/parent(s) be present?</b>	<b>Yes</b>	<b>No</b>
---	------------	-----------

I accept the charges above and the terms and conditions of hire as laid out in the Centre Booking Guidance Notes:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Hirer)

Confirmation of Booking: \_\_\_\_\_ Date: \_\_\_\_\_  
(Centre Manager)

### FOR OFFICE USE ONLY:

Date booking form received:	/	Date confirmation issued:	/	Date payment received:	/
-----------------------------	---	---------------------------	---	------------------------	---