

**ROOM BOOKING FORM**

**No.**

**NAME:**

**INVOICE ADDRESS:**

**TELEPHONE:**

**EMAIL:**

**DATE BOOKING MADE:**

**ROOM:**

**DATES**

**TIMES**

**ROOM REQUIREMENTS:**

I HAVE READ THE TERMS & CONDITIONS AND CONFIRM THE ABOVE ARRANGEMENTS

**Signed**.....

**Please note arrangements to pick up the keys to the rooms need to be made with the Isle of Avalon Office at least one week prior to the date of your booking**

**PLEASE ENSURE YOU HAVE A COPY OF OUR TERMS AND CONDITIONS OF HIRE**  
**THE 50% DEPOSIT IS NON-REFUNDABLE & NON-TRANSFERABLE**  
If possible please pay the deposit and balance for you booking by bank transfer.  
**Our details are;**  
Bank: Lloyds Street Branch                      Name of Account: Isle of Avalon Foundation  
Sort Code: 30-98-28                                Account number: 00351314  
  
Overseas Payments: BIC:LOYDGB21241    IBAN: GB46 LOYD 3098 2800 3513 14

**FOR OFFICE USE ONLY**

**ENTERED IN DIARY?**

**COST AGREED:**                                      **DEPOSIT PAID:**

**INVOICE REQUIRED FOR BALANCE?: Y/N**

**DATE INVOICE SENT:**

**BALANCE PAID:**

**KEY ARRANGEMENT**