Completed booking forms to be returned to:

Mrs E Nicholson/Mrs S Jones, Cockermouth School, Castlegate Drive, Cockermouth Cumbria CA13 9HF Email: nicholsone@cockermouthschool.org or joness@cockermouthschool.org

Telephone: 01900 898888



MIKE WILDE ECO CENTRE- BOOKING FORM

Please note that without a completed booking form no reservation will be accepted. Notice of cancellation is required should the event not go ahead as planned.

Headteacher:Dr R P Petrie BSc PhD

ORGANISATION							
CONTACT NAME							
TELEPHONE NUMBER							
EMAIL ADDRESS							
INVOICE ADDRESS							
POSTCODE							
					ı		
FACILITY REQUIRED	Whole Building Auditorium		NUMBER OF			ADULTS:	
Please tick all that are required	Seminar		DELEGATES		ļ		
	Foyer Kitchen					CHILDREN:	
DATE(S) REQUIRED							
	Ctart			_:	د اماد		
TIME OF HIRE Allowing for set up where necessary	Start:		Finish:				
	Poordr	oom				Pods	
LAYOUT REQUIRED	Boardroom			-			
	Conference		ADDITIONAL REQUIREMENTS		ŀ	Tables	
	Cabaret				NTS	IT Equipment/Technician	
	Empty					Catering	
						Menus & prices available on	request
Please confirm the following documents are in place (please tick):							
CRB / DBS			olicy 🗆 Risk			Assessment	
Public Liability Insurance A copy of the insurance certificate must be provided at the time of booking.							
I, the undersigned have read and agree to the terms and conditions of hire.							
Name:	Signature:			Date:			











