

# Schedule of Let

Confirmation of Booking Form – Please read accompanying notes before completing

Group: \_\_\_\_\_ Contact: \_\_\_\_\_

Dates from: \_\_\_\_\_ To: \_\_\_\_\_

Est. Arrival time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Address for invoice: \_\_\_\_\_ Contact Details: \_\_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_

\_\_\_\_\_ Mobile: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Group Size: \_\_\_\_\_

Please state which room/s you wish to hire: \_\_\_\_\_

Please confirm if you wish your full day seminar to be catered for : YES/NO

After approval of the booking you will be notified and required to pay by return a 20% non-refundable deposit payable to SSHM. In signing this agreement you confirm that you have read and agreed to the terms and conditions of hire.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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**Authorised: yes/no**

**Date Authorised:**

**Booking ref no:**