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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 Organisation  Supply address for invoice  *(if different to above)* | BACS Transfer to CVS  use ref: CVS Event  SC 40-52-40  A/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](mailto: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.