

Church View

Event enquiry form

Contact details	
Name:	
Address:	
e-mail:	Contact number:
Organisation:	

Event details	
Date of proposed event:	Is this date flexible? Yes/no
Number of attendees (100 max):	
Proposed event start time:	Proposed event finish time:
Please provide a brief description of your proposed event:	
Will you require use of audio-visual equipment yes/no	
If yes, please detail your requirements e.g. public address (PA) system, multimedia projector, plasma screen	
Will the event require refreshments yes/no	
Will the event require catering yes/no	
Will the event require an alcohol or public entertainment licence yes/no	

Thankyou for your enquiry please e-mail to hello@church-view.org or post this form to the address above and someone will contact you about your event.