

## REGULAR USER GROUP DETAILS

GROUP ORGANISATION:			
CONTACT PERSON:			
ADDRESS:			
EMAIL ADDRESS:			
PHONE:			
PHONE - MOBILE:			
CLIENT BOOKING			
CURRENT CHARGES:			
PAYMENT TYPE			
KEY/S SWIPE CARD			
NOTES:			
	_		
		I	
ROOM BOOKED:			
DAY/S:			
FREQUENCY:			
SESSION STARTS TIME: (AM / PM) SESSION END TIME: (AM / PM)			
(Set up and pack up to be included in your booking time)			
START DATE: _/ FINISH DATE: _/			
OPERATION DURING HOLIDAY PERIOD			
MID-TERM SCHOOL HOLIDAYS: DEC/JAN XMAS BREAK HOLIDA  CROSS BOX IF REQUIRED BY GR Kitchen access	COUP: Cea ☐ T ficate of Curren	Cable / Chair □ ncy confirmed □	
Contract signed			
Signature		Date 	-
Print Name:			