

The Pavilion Sports and Leisure Club

135 Footscray Road, Eltham, London, SE9 2SY Tel. 020 8850 4816

Meeting Venue Booking Request Form

Receipt of this form does not guarantee request approval You will be contacted once your request has been processed by The Pavilion

Company Name:					
Name of Meeting Organize	r:				
Department:					
Email:					
Telephone number[s]:					
Telephone number[s]:					
Date of Meeting:					
Time when access to the s	ite will be needed:	Start:	HH:MM	End:	HH:MM
Number of meeting attend	ees:			_	
Meeting areas required du	ring site visit - delete	as appropi	riate		
Lounge:	Yes / No	Hall:			Yes / No
Please provide a brief desc	cription of the meetin	g:			
Please provide details on h	now you would like the	e room [s]	to be setup:		
Are refreshments required	l during your visit- del	lete as app	ropriate:		Yes / No
If refreshments are require	ed please complete ti	he Refresh	ments Section L	elow	
Is equipment required during your visit- delete as appropriate:					Yes / No
If equipment is required p	lease complete the Ec	quipment S	Section below	_	

Refreshments Request

Are refreshments required on arr	Yes / No Yes / No			
Are refreshments required during				
If Yes, at what times:	HH:MM	HH:MM	HH:MM	HH:MM
Is lunch required - delete as appr	opriate:			Yes / No
If Yes, at what time:	HH:MM			
Do you have any special dietary re	Yes / No			
If you have any special dietary re	quirements pleas	se provide details	below:	
Food arrangements to be organised	I with the Operati	ons Manager after	the meeting has	been confirmed.

Equipment Request

Please delete as appropriate

Projector and projector screen	Yes / No
Access to the plasma TV screen	Yes / No
White board and pens	Yes / No
Flip Chart and pens	Yes / No
Laser pointer	Yes / No
Additional requests:	