

BOOKING FORM – RESIDENTIAL (2012)

The Kairos Retreat Centre
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 Roehampton
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Contact name:		
Meeting Title:		
Leader/Facilitator:		
Organisation:		
Address:		
	Reg Charity #	
	Invoice Address:	
Post Code:		
Tel:	Post Code:	
Mobile:	Tel:	
Email:	Fax:	

Please return form with 25% deposit

Please tick as required

Accommodation **Date:** **From** _____ **To** _____
 Time: **From** _____ **To** _____

Special access required: yes no

No. of Delegates/ Rooms:	Ensuite £39.50	Ensuite Sharing £29.50	Standard £29.50
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please tick as required

No. Meals:	Time:	<u>2 Course</u> £10.95	<u>3 Course</u> £12.95	<u>Vegetarian</u>
Breakfast	<input type="text"/>			-
Lunch:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Evening Meal:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Special Dietary Requirements: _____				

Cheque	<input type="text"/>	
Switch	<input type="text"/>	Card No. <input type="text"/>
M/card	<input type="text"/>	Expiry Date: _____ Code: _____
Cash	<input type="text"/>	Print name on card: _____
Signed: _____		Date: _____

For office use only
 Deposit received: Yes No Date: _____

Your bedroom is equipped with: Towels and Soap, Tea/Coffee-making facility