

Penwortham Priory Academy

Conference Suite Booking Form

Date of Booking:					
Contact Name:					
Contact Telephone I	Number:				
Contact Email Addre	ess:				
Number Attending:					
Duration of Visit:	Full Day	Half Day AM	1 / PM / Evening	Hourly:	
Are attendees DBS o	cleared? (If so, pl	ease provide info	ormation in advance):		
Details of Activity: (II	ncluding name of r	meeting/training):		
Room(s) Required:					
Room Requests (Incli	uding ICT requirem	nents and room l	ayout):		
Any other requireme	ents:				
Hospitality Requiren			Diagon kiele if was saassi	ing any of the faller in a	ha:aaa aad
Unlimited tea and coffee include number of deleg			riease tick ii you requi	ire any or the following c	noices and
Breakfast (Bacon/Sa	usage Barm)				
Lunch Buffet					
Dietary Requiremen	ts?				

Please ask to see menu options.

Once completed, please return to Mrs Nikki Burkhill at n.burkhill@priory.lancs.sch.uk



Internal Use	
Site Team Notified?	
Reception Notified?	
Hospitality / Catering Notified?	
Priory sign off:	