# **Booking** form

Thank you for your interest in booking Bradford Cathedral for a tour.

Please complete the form below and return it to [events@bradfordcathedral.org](mailto:events@bradfordcathedral.org)

(If you are looking to film in the cathedral, please see the *filming consent form*)

Your Details

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Contact e-mail** |  |
| **Contact phone number** |  |

If the person to raise the invoice to is different to the above, please include their details below:

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Contact e-mail** |  |
| **Contact phone number** |  |

If the main contact for the day is someone other than yourself, please include their details below:

|  |  |
| --- | --- |
| **Name** |  |
| **Contact e-mail** |  |
| **Contact phone number** |  |

Basic Details

|  |  |
| --- | --- |
| **Tour Name** |  |
| **Please give a brief description of your tour including the locations you’d like to visit** |  |
| **Date (D/M/Y)** |  |
| **Tour start time** |  |
| **Tour end time** |  |
| **No. of Attendees** |  |

Other Requirements

Please list any other requirements you have below.

Potential issues

If you foresee any potential issues with any of the content of the tour, please outline them here.

Confirmation

Please tick to confirm the following:

|  |  |
| --- | --- |
| **I have read and understood the cancellation policy** |  |
| **I have read and understood the safeguarding policy** |  |
| **I have read and understood the food hygiene guidance** |  |
| **I have read and agreed to the speaker policy** |  |
| **I agree to confirm and review the risk assessment for this event** |  |

*All the necessary forms and policies can be found by visiting* [*https://bradfordcathedral.org.uk/booking-forms*](https://bradfordcathedral.org.uk/booking-forms)

By signing this document, you agree to the following:

* I am fully authorised to make this booking
* I agree that following confirmation of this booking I will be issued with an invoice for a 25% deposit which must be paid by seven calendar days following the return of this form to secure the booking

Signed: Dated:

For office use only:

|  |  |
| --- | --- |
| **This event has been approved at the HODs / Exec meeting** |  |
| **The deposit invoice has been raised and sent** |  |
| **The balance invoice has been raised and sent** |  |
| **The event has been booked into the diary** |  |
| **The required staff have been booked** |  |
| **The risk assessment has been checked** |  |
| **The speakers have been checked** |  |

Confirmed financial costs to be outlined here: