Isle of Wight Council Adult and Community Learning

Sandown Community Learning Centre

Booking Form for Recurring Activity

Name				Contact Telephone No.					
Organisation									
Invoice Address									
Title of course / activity									
Start Date	!		Start time			Finish Time			
Days (Please circle)	Mon T		e Wed	Wed TI		Fri	Sat	Sun	
Recurrence: (please circle)	Daily		Weel	kly	Monthly		Yearly		
Every day / week / month* or Every (insert 2 nd , 3 rd , 4 th , etc.) week, month									
When? (Please circle)	ease 1st of mont		2 nd of m	nonth	3 rd c	of month	Last	Last of month	
Until (Please write finishing date)									
Requirements: Projector Interactive Whiteboard									
1 I agree to abide by the terms of use as outlined in the User Guide.									
2 I enclose / have supplied previously* a risk assessment for the planned activity.									
Signature									
Print Name									
Date									
*Delete as applicab	ole.								

Sandown Library, High Street, Sandown, Isle of Wight. PO36 8AF

Return to: