

Contact Name :		Telephone :		
Email:				
Invoice address:				
Details of the hirin	ng (ie Training	Day, Meeting, Drop In	Consultation etc):	
Room(s) to be boo	oked (please in Dance Studio	ndicate): Meeting Room	Wet Workshop	Theatre
Date(s) of room h	iring:			
Arrival and depart	ture times:			
Number of partici	pants:			
Room arrangeme	nts : Boardro	om style / Theatre Sty	yle / Horseshoe style / 0	Cabaret style
Number of Tables	: N	lumber of Chairs:		
Equipment Requi	rements (please	e indicate):		
Overhead projector Flipchart TV & Video / DVD Video projector & Display boards				
Any other special	requirements:			
For catering / refresh	ment requirements	s please contact Café The	atre on 01805 625925 and ir	dicate below:
1. Teas/Coffees : For	how many?	What time?		

2. Lunch*: For how many? What time? (Please discuss your lunch requirements with Café Theatre)

3. Teas/Coffees: For how many? What time?

4. Teas/Coffees : For how many? What time?

For more information call 01805 624624 or email mail@plough-arts.org

Completed forms can be emailed or sent to:

The Plough Arts Centre, 9 - 11 Fore St, Great Torrington, North Devon, EX38 8HQ