

**ART BEAT BOOKING FORM ENQUIRY**

**Please complete and return this form as a provisional enquiry for a workshop.  
Please note that we are unable to guarantee a date until you have received a confirmation of this booking.**

Contact Name \_\_\_\_\_

Organisation \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Tel \_\_\_\_\_

Email \_\_\_\_\_

Date of enquiry/ booking \_\_\_\_\_

Name of person/ organisation to Invoice \_\_\_\_\_

Invoice address if different from above

Type of Workshop \_\_\_\_\_

Brief description of workshop focus/ themes \_\_\_\_\_

Dates of workshops :

Start and finish time of each day \_\_\_\_\_

\*Please provide a full timetable prior to the event

No. of sessions per day \_\_\_\_\_

Age of participants \_\_\_\_\_ No. of participants / session \_\_\_\_\_

Please list any special needs/ specific requirements

\_\_\_\_\_

**Please note our cancellation policy :4 weeks 50% fee, 2 weeks notice 100%fee**

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**FOR OFFICE USE ONLY**

FEE \_\_\_\_\_

+ Travel \_\_\_\_\_

+ Materials \_\_\_\_\_

TOTAL £ \_\_\_\_\_

ARTSIT NAME \_\_\_\_\_

FEE \_\_\_\_\_

ORG. CONTRACT SENT

ARTIST CONTRACT SENT

INVOICE SENT

PAYMENT RECEIVED