

CLASSROOM RENTAL – Request Form

Name of organisation: _____

Number of Students: _____

Date(s) and time(s): _____ (list on separate sheet if necessary)

Preferred classroom: _____ (not guaranteed)

Contact name and number: _____

Today's date: _____

Additional Services/ Facilities Requested: _____

Please email this information to Assistant Director Mary Hiles at mary@geolondon.org.uk