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| **Date of Session Requested**(please complete separate request form for each session required) |  |
| **Time of Session Requested**(a minimum of 6 weeks’ notice is required) |  |
| **Organisation Name** |  |
| **Contact Details**(Telephone No & Email) |  |
| **Session Venue** |  |
| **Parking Information**(Do we need to book?) |  |
| **Brief Summary of Session(s) Requested** |  |
| **Group Size** |  |
| **Special Requirements**(e.g. Speech & Language) |  |

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| Please return completed forms to:-**thecorner.sheffield@cgl.org.uk** |

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| **OFFICE USE ONLY** |
| Allocated to |  |
| Date Allocated |  |