



West Road  
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**Please complete and submit this form if you would like to hire a room at New Life Church**

**Contact Person** .....

**Organisation address** .....  
.....  
.....  
.....

**Telephone** .....

**E-mail** .....

**Invoice Address (if different from above)**  
.....  
.....  
.....  
.....

**Course Reference (if applicable)**.....

**Date(s) Required**

Date.....	Time from.....	to.....
Date.....	Time from.....	to.....
Date.....	Time from.....	to.....

**Note:** *Time from* refers to the time required to access the building (e.g. for room setup).

**Room Required**

Social Room       Prayer/Children's Room   
Induction Loop Required       Main Hall

**Total Number of People**.....

**Room Layout**

Cabaret  Theatre  Horseshoe  Boardroom

**Equipment Required**

TV & DVD  Flip Chart  OHP  Projector

**Catering**

Item	Amount	Time Required

Please advise of any special dietary requirements.