

Family Time Room Booking Form



We have read and understood the terms and conditions subject to the use of the ICH Family Time Room and as such wish to request a booking to be placed for the below:

Booking being requested by:

Full name

Contact number

Email

Department or office

Booking details:

Date

Start time

Finish time

Family name for booking

Who will be attending:

Number of adults
(service users, excl worker)

Number of
children attending

Name of worker supervising

Worker's contact number

Signature

Date

Email completed forms to reception@ich.org.au

We will contact you with respect to your booking confirmation.