



79/195 Radcliffe Road, Northam, SOUTHAMPTON SO14 0PS Telephone: 023 8063 2275

BOOKING FORM - SCHOOL VISIT FORM

Name of School:					
				(Please Print in Block Capitals)	
Proposed Date of Vi	Time of Visit:				
•		I unders	I understand this visit take place from		
			09:45am	n till 11:15am	
		Please n	ote: Aarti wi	ll take place at 10:00am	
School Year including Age of Children		Numbe	Number of visitors attending (including		
Visiting:	iting: ad		ults):		
Risk Assessment Cor	mpleted: Yes/No				
Please provide details of any topics you wish to cover/discuss during the visit:					
riease provide details of any topics you wish to covery discuss during the visit.					
Name of person(s) placing booking:			Date:		
Please note:					
	need to be made payable t	o Vedic Socie	ty Hindu Temp	le of £50.	
Tamada Bulan					
Temple Rules: 1. Shoes are to be re	emoved in the designated	shoe area and	d are not permi	tted within the temple itself	
 Shoes are to be removed in the designated shoe area and are not permitted within the temple itself. We request all visitors maintain a respectful dress code. 					
3. Children are required to be supervised at all times when on the temple premises by a responsible					
	nd Safety purposes.				
FOR OFFICE USE ONLY	<u>/</u>	1_			
Amount Received:	£	Re	eceipt No:		
Approved by:		Jo	b Title:		
Signature:		Da	ate:		