MEMBERS' SURGERIES BOOKING FORM FOR SESSION 20## / 20##

PLEASE COMPLETE A SEPARATE FORM FOR EACH VENUE

Councillor Name:										
Ward:	-									
Surgery Venue:										
Surgery Day:			Week of Month:		1 st	2 nd	3 rd	4 th	5 th	
Surgery Dates:	From:			Start date	To:				Eı	nd date
Surgery Time:	From:			Start Time	To: _				En	d Time
If you are requesting a block booking, please indicate below whether you intend to hold surgeries every month or just school term time only. Schools are not normally available during the school holidays but enquiries can be made on your behalf if requested.										
School Term Time Only	<i>r</i> :		Ev	ery Month:		Please approp		<u>vhere</u>		
Excluding Months:	_	or								
In the event that your su day, time or venue that your						any othe	r			
Alternative Day:	_									
Alternative Time:	_									
Alternative Venue(s):										
If your surgery falls on a not wish to hold a surgery							0			
Councillor's Signature										
Date										
Please return to:										

Members' Support, 1st Floor, Town House,