



**Provisional Booking Form for Summer Schools 2025**

Title of the Summer School:  
.....

Nature of Summer School:.....  
.....  
(i.e. subject, academic, commercial, religious, social)

Date & Start Time of Summer School:  
.....

Date & Time of Organisers Arrival:  
.....

Date & Time of Delegates Arrival:  
.....

Date & Time of Delegates Departure:  
.....

Non Resident no's:.....

Age of students: .....

**Accommodation**  
Number of Single Rooms, En-Suite.....

Number of Single Rooms, Shared Bathroom.....

**Formal Speakers at the Event (Internal & External)**  
Full Name/s:.....

Contact Details:.....

Affiliations or Organisation of Speakers (if applicable):  
.....

Proposed Publicity & Marketing of Event:.....

**Meeting Rooms/Classrooms**

Maximum numbers per room:	Boardroom	Theatre
Cripps Auditorium	-	142
Cripps Meeting Room 1	18	16
Cripps Meeting Room 2	20	20
Cripps Meeting Room 3	16	40
Cripps Meeting Room 4	24	40
Cripps Meeting Room 5	34	50
Buckingham Room	-	60
Cripps East Room	-	-
Hall (Dining)	110	-
The Parlour (Dining)	24	-
Benson Hall	20	70

**Date & Time, from-----to  
(Including any set-up requirements)**

\_\_\_\_\_

\_\_\_\_\_

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**DINING:**

First Meal Date & Type: \_\_\_\_\_

Last Meal Date & Type: \_\_\_\_\_

Date of Gala Dinner: \_\_\_\_\_

Please answer the following questions by circling Yes or No.

- 1. Will the event include any activities that may represent a risk to the health or safety of any individual? **Yes/No**
- 2. In your view, will the subject matter of the event include views which people (whether they attend the event or not) may find controversial, offensive or distasteful? **Yes/No**
- 3. In your view, have any of the speakers at the event previously expressed views which may be interpreted as causing controversy, or promoting extreme intolerance of the views of others? **Yes/No**

Please see full details of our privacy policy on our website: [www.magd.cam.ac.uk/privacy-notice-event-organisers](http://www.magd.cam.ac.uk/privacy-notice-event-organisers)

Name (please print): .....

Position/Job Title: .....

Organisation: .....

Registered Address: .....

.....

Postcode.....

Tel Number: .....

Contact E-Mail: .....

**Email to where the bill should be sent:** .....

Please confirm that you are an authorised signatory for your Company: Yes/No  
I am aware that the prices quoted are valid until 31<sup>st</sup> December 2025.

Signature:.....

Date: .....

I shall/shall not be resident in College for the whole/part of the Summer School.

My resident representative will be:

.....

**Is your Summer School VAT exempt? **Yes/No****

**(If yes, please complete our VAT exemption form urgently, otherwise VAT will automatically be charged)**

This form should be completed and returned to:

**Conference & Events Office**

**Magdalene College**

**Magdalene Street**

**Cambridge CB3 0AG**

Telephone: (01223) 764522/764521

E-mail: [conferences@magd.cam.ac.uk](mailto:conferences@magd.cam.ac.uk)

**PLEASE NOTE:**

- The event organiser (i.e. the named person making this booking) agrees as a condition of submitting this form to notify the College if any of the details above change.
- The College reserves the right to review its decision on allowing an event to proceed if any of the information provided on this form changes.
- The event organiser (or a named representative) will be present throughout the event.
- The College also reserves the right to cancel the event, without notice, if any of the information submitted on this form, is identified subsequently as being inaccurate or incomplete.
- The final arrangements for the Summer School must be discussed with the Conference Office no later than 6 weeks before it commences.

Registered Charity Number 1137542