## **Cumbria Archive Centre, Kendal**

## **Document Booking Form**



PLEASE BRING YOUR **CARN READER'S TICKET** OR ID TO OBTAIN ONE, AS DETAILED ON OUR WEBSITE

Name:									
Address, line	1:								
Address, line	2:								
Town/City:									
County/State:									
Country (if not UK):									
Email*:									
Preferred telephone contact number*:									
*We cannot process your request without an email address and/or telephone number									
CARN ticket number:									
Preferred date(s) of intended visit:									
(Subject to availability, Tuesday - Friday. Minimum One week notice)  Preferred time slots (please mark with X = yes)									
10am-1pm	1pm-4pm	All Day							
You may order a maximum of 10 items for a day visit (or 5 for a half-day session) at the discretion of staff									
Please order the documents you wish to see during your visit below Please consult our online catalogue for document references and details. Please use a separate line for each reference.									
Ref no	Title/Description and	Date details	Location (Staff use)						

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Do you require an electrical socket for a laptop? (please tick for YES)								
Other information/requirements (for example, are you intending to bring any visitors with you):								
For staff use: Date received: Telephone/Personal/Email								
Initials	Stro	ngroom check	Table Nos Translate size to	Agreed visit date	Entere	ed on Outlook		
	other i	checked, size noted and notes eg condition or al requirements such as cushion	tables Eg 1 Or 1-2 (maps) Or 1-3 (maps)	Customer has been contacted and visit date confirmed\agreed and noted here	Date ente	red		