



Morpeth  
Town  
Council

Morpeth Town Council Office: 01670 514314

Caretakers  
Leigh-Anne Wilkinson: 07519 430433  
Yvie Stevenson: 07802 616756

Emergency out of hours  
Dee Smith, Deputy Town Clerk: 07494 325509

## COMMUNITY CENTRES BOOKING FORM

VENUE REQUIRED	Venue Choice Please tick	Cost per hour
St James Community Centre Hall and Kitchen		£18.00
Storey Park Community Centre Hall and Kitchen		£18.00
Storey Park Committee Room		£13.50
Storey Park All Areas		£24.50

<b>Date(s) Required</b>		
<b>Hour(s) Required</b> (to include set up/clearing away)	<b>From:</b>	<b>To:</b>

<b>Name of Hirer/Organisation</b>		
<b>Address</b>		
<b>Telephone No</b>	<b>Mobile</b>	<b>Landline</b>
<b>Email Address</b>		
<b>Invoice Address</b> (if different from above)		
<b>Telephone No</b>	<b>Mobile</b>	<b>Landline</b>
<b>Email Address</b>		

<b>Type of Function</b>	
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<b>Expected number of people attending</b>		
<b>Will under 18's be taking part in this event?</b>	<b>Yes</b>	<b>No</b>
<b>Name and contact details of responsible person</b>		
<b>Is furniture set-up required?</b> <i>(Chargeable service)</i>	<b>Yes</b>	<b>No</b>

<b>Purchase Order Number</b>	
<b>Registered Charity Number</b>	

<b>Will alcohol be served?</b>	<b>Yes</b>	<b>No</b>
<b>If yes, have you applied for a Temporary Events Notice?</b>		

**Please read**

- Bookings cannot be confirmed without a completed and signed booking form;
- A charge of 50% of the hire charge will be made for cancellations of less than 48 hours;
- Cancellations of less than 24 hours (or no shows) are liable to a payment of the whole hire charge;
- I confirm that there will be adequate supervision of children;
- I declare that I have read and understood the Terms and Conditions of Hire and agree that they shall form part of the terms of this agreement;
- I declare that the information I have given in this agreement is correct to the best of my knowledge and I acknowledge that any misstatement or misrepresentation will invalidate this agreement.

<b>Name</b>	<b>Signature</b>	<b>Date</b>

**OFFICE USE ONLY**

<b>Alcohol form received?</b>	Yes	Date received	N/A
<b>Copy of TENS received?</b>	Yes	Date received	N/A
<b>Insurance info received?</b>	Yes	Date received	N/A
<b>PAT Testing Certificate Received?</b>	Yes	Date received	N/A
<b>Butter Market form received?</b>	Yes	Date received	N/A

<b>Diary Updated</b>	<b>Confirmation Sent to</b>	<b>Total Cost</b>
<b>Invoice number</b>	<b>Payment Date &amp; Type</b>	<b>Auth Code</b>