

VENUE REQUIRED

Caretaker Leigh-Anne Wilkinson:

07519 430433

Emergency out of hours Deputy Town Clerk:

Cost per hour

07494 325509

COMMUNITY CENTRES BOOKING FORM

Venue Choice

Please tick

St James Community Centre Hall and Kitchen		£18.00
		£18.00
Storey Park Community Centre		218.00
Hall and Kitchen		040.50
Storey Park Committee Room		£13.50
Storey Park All Areas		£24.50
Date(s) Required		
Hour(s) Required	From:	To:
(to include set up/clearing away)	110111.	10.
(to include set up/cleaning away)	<u> </u>	
Name of Hirer/Organisation		
Address		
	Mobile	Landline
Telephone No	Wiodile	Landline
Email Address		
Invoice Address (if different from above)		
Telephone No	Mobile	Landline
Email Address		
Liliali Addi 633		
Type of Function		
Expected number of poorle		
Expected number of people attending		

Will under 18's be taking part In this event?	Yes	Yes No				
Name and contact details of responsible person			,			
Is furniture set-up required? (Chargeable service)	Yes		No			
Purchase Order Number						
Registered Charity Number						
Registered Charities will qualify for a 25% disc	count if you	have a registered cha	rity numb	er.		
Will alcohol be served?	Yes		No			
If yes, have you applied for a Temporary Events Notice?						
Will electronic equipment be used?	Yes		No			
If yes, have you supplied a PAT Test Certificate?						
Will music be played?	Yes	Yes No				
If yes, do you have the appropriate licence?						
 A charge of 50% of the hire charge Cancellations of less than 24 hou charge; I confirm that there will be adequated a declare that I have read and under that they shall form part of the tell that they shall form part of the tell declare that the information I had knowledge and I acknowledge that this agreement. 	ate superv derstood the rms of this ve given ir	shows) are liable to a rision of children; ne Terms and Cond agreement; n this agreement is a	a paymentions of I	nt of the half	whole hire agree t of my	
Name	Signatu	re	1	Date		
OFFICE USE ONLY						
Alcohol form received?	Yes	Yes Date received		N/A		
Copy of TENS received?	Yes	Date received	Date received N/A		N/A	
Insurance info received?	Yes	Date received	Date received N/A		N/A	
PAT Testing Certificate Received?	Yes	Date received	Date received N/A		N/A	
Butter Market form received?	Yes	Date received N/A		N/A		
Diary Updated	Confirmation Sent to				Total Cost Auth Code	
Invoice number	Paymen	t Date & Type		Auth	code	