



Morpeth
Town
Council

St JAMES COMMUNITY CENTRES BOOKING FORM

VENUE REQUIRED	Venue Choice Please tick	Cost per hour (All prices inclusive of VAT)
St James Community Centre Hall		£18.00
St James Committee Room		£13.50
St James All Areas		£24.50

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

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

Type of Function/Activities to be undertaken during the booking	
---	--

Expected number of people attending	
-------------------------------------	--

Will under 18's be taking part In this event?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name and contact details of responsible person		
Is furniture required?	No. of Chairs	No. of Chairs
Is furniture set-up required? (Chargeable service)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Purchase Order Number	
Registered Charity Number	

Registered Charities will qualify for a 25% discount if you have a registered charity number.

Will alcohol be served?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, have you applied for a Temporary Events Notice?		

Will electronic equipment be used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, have you supplied a PAT Test Certificate?		

Will music be played?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, do you have the appropriate licence?		

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.

Name	Signature	Date
-------------	------------------	-------------

OFFICE USE ONLY

Alcohol form received?	Yes	Date received	N/A
Copy of TENS received?	Yes	Date received	N/A
Insurance info received?	Yes	Date received	N/A
PAT Testing Certificate Received?	Yes	Date received	N/A

Diary Updated	Confirmation Sent to	Total Cost
Invoice number	Payment Date & Type	Auth Code