

VENUE REQUIRED

Morpeth Town Council Office: 01670 514314 Emergency out of hours: 07494 325509

Cost per hour

(All prices inclusive of VAT)

ST JAMES COMMUNITY CENTRES BOOKING FORM

Venue Choice

Please tick

| St James Community Centre | | £21.60 |
|------------------------------------|--------|----------|
| Hall | | |
| St James Committee Room | | £16.20 |
| St James All Areas | | £29.40 |
| | | |
| Date(s) Required | | |
| Hour(s) Required | From: | То: |
| (to include set up/clearing away) | | |
| | | |
| Name of Hirer/Organisation | | |
| Address | | |
| | | |
| | | |
| Telephone No | Mobile | Landline |
| | | |
| Email Address | | |
| Invoice Address (if different from | | |
| above) | | |
| | | |
| Telephone No | Mobile | Landline |
| relephone No | | |
| | | |
| 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 | | No | | | |
|--|-----------|--------------|----------|-------|------|--|
| Name and contact details of responsible person | | | | | | |
| Is furniture required? | No. of Ch | airs | No. of C | hairs | | |
| Is furniture set-up required? (Chargeable service) | Yes | | No | | | |
| Purchase Order Number | | | | | | |
| Registered Charity Number - Evidence Provided | | | | | | |
| Registered Charities will qualify for a discount if you have a registered charity number. Main Hall £17 per hour, Committee Room £12 per hour, All areas £23 per hour | | | | | | |
| 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 | | No | | | |
| 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 | ! | D | ate | | |
| OFFICE USE ONLY | | | | | | |
| Alcohol form received? | Yes | Date receive | d | | N/A | |
| Copy of TENS received? | Yes | Date receive | d | | N/A | |
| Insurance info received? | Yes | Date receive | d | | N/A | |
| PAT Testing Certificate Received? | Yes | Date receive | d | | N/A | |
| Diary Updated | Confirmat | ion Sent to | | Total | Cost | |

Payment Date & Type

Auth Code

Invoice number