



## PAVILION COMMUNITY SPACE BOOKING FORM

VENUE REQUIRED	Venue Choice	Cost per hour
	Please tick	(All prices inclusive of VAT)
Pavilion Community Space		£21.60
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		
Type of Function/Activities to be undertaken during the booking		
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 chairs and tables				
Is furniture set-up required?	Yes		No		
(Chargeable service)					
Purchase Order Number					
Registered Charity Number -					
Evidence Provided					
			1		
Will alcohol be served?	Yes		No		
If yes, have you applied for a					
<b>Temporary Events Notice?</b>					
	1				
Will electronic equipment be used?	Yes		No		
If yes, have you supplied a PAT					
Test Certificate?					
Will manaia ba mlanada	Vaa		NI.		
Will music be played?	Yes		No		
If yes, do you have the					
appropriate licence?					
Please read					
<ul> <li>Bookings cannot be confirmed without a completed and signed booking form:</li> </ul>					

- not 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.

Signature Name 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