**ROOM HIRE BOOKING FORM**

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| --- |
| **HIRER’S CONTACT DETAILS:**  |
| Name  |   |
| Organisation  |   |
| Address  |   |
| Email  |   |
| Phone Number  |   |

**FACILITIES YOU WISH TO HIRE** *(tick relevant box/delete as appropriate)*

|  |  |  |  |
| --- | --- | --- | --- |
| Main Hall  |   | Kitchen |   |
| Activity Room  |   | Playing Field / Toilet access  |   |

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| **BOOKING DETAILS** **Please give details of the type of event you are holding \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Attach a copy of the programme details and names of any speakers if applicable.**  |
| Access required from ***(insert date)*** |    |
| Event Start Date and Time  |   |   |
| Event Finish Date and Time ***(No later than 11pm)***  |   |   |
| Access Required Until  |    |
| Number of People Expected |    |

**I am the hirer / I am authorised by the Hirer (delete as appropriate) to enter into this agreement. I have read and understood the Terms and Conditions and I agree to them**

**Hirer Signature and Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OFFICE USE ONLY**

|  |  |
| --- | --- |
| CANCELLATION NOTICE (insert minimum required)  |    |
| AMOUNT DUE (please state amount)  |    |
| PAYMENT DATE (insert payment deadline)  |  |
| PUBLIC LIABILITY INSURANCE REQUIRED? (please state amount)  |  |
| FOOD HYGIENE CERTIFICATE REQUIRED? (yes or no)  |  |

**EHDC Signature and Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**