**ROOM HIRE BOOKING FORM**

|  |  |
| --- | --- |
| **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 |  |

|  |  |  |
| --- | --- | --- |
| **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**