

PREMISES BOOKING FORM

Name of Applicant / Organisation ("The Hirer"):					
Name of Responsible Person:					
Tel/Mobile:					
Email Address:					
Address of Applicant / Organisation:					
Purpose of Hire:					
Date(s) Required:					
Time Required (Including preparation and clean-up time):	From:		To:		
Facilities Required:	The Garron Suite	<input type="checkbox"/>	Small Meeting Room	<input type="checkbox"/>	
	Centre Kitchen	<input type="checkbox"/>	Male/Female Changing Rooms	<input type="checkbox"/>	
Estimated Number of People:		Number of Persons requiring Assistance:			
Type of Assistance Required:					
Furniture:	No of Rectangular Tables:		No of Chairs:		
	No of Round Tables:		No of Highchairs:		
Any Other Equipment Required:					
Catering Requirements:					

For Office Use

Number of Hours:		Hire Cost:	£	Use of Kitchen:	£
Refundable Kitchen Deposit: £50		Catering Cost:	£	TOTAL DUE:	£