

Parish Hall

Parish Hall plus Kitchen

BOOKING FORM

I/We wish to hire (please tick where appropriate)

	Meeting Room (rear of Parish Hall)		
Parish Hall (Discos, Dar	nces, Private Parties)		
Day	Date	*From am/pm	*To am/pm
*Please ensure you give	correct times above	so that the caretaker will arr	ive in good time to open up
the premises.			
For the purpose of			
		provide the name and addres an application to SSDC for a te	•
Name			
Address			
Post Code			
Contact Number			
Email			
I/We have read and acco	ept the booking, pay	ment and cancellation terms	and conditions.
I/We have read and acco	ept the booking, pay	ment and cancellation terms	and conditions.
	ept the booking, pay	ment and cancellation terms	and conditions.
Name Address Post Code	ept the booking, pay	ment and cancellation terms	and conditions.
Name Address	ept the booking, pay	ment and cancellation terms	and conditions.
Name Address Post Code	ept the booking, pay	ment and cancellation terms	and conditions.
Name Address Post Code Contact Number Email	ept the booking, pay	ment and cancellation terms	and conditions.
Name Address Post Code Contact Number Email Name of Organisation	ept the booking, pay	ment and cancellation terms	and conditions.
Name Address Post Code Contact Number Email Name of Organisation (if applicable)	ept the booking, pay	ment and cancellation terms	and conditions.
Name Address Post Code Contact Number Email Name of Organisation	ept the booking, pay	ment and cancellation terms	and conditions.
Name Address Post Code Contact Number Email Name of Organisation (if applicable) Position Held	ept the booking, pay	ment and cancellation terms	and conditions.
Name Address Post Code Contact Number Email Name of Organisation (if applicable) Position Held Name of Hirer	ept the booking, pay	ment and cancellation terms	and conditions.
Name Address Post Code Contact Number Email Name of Organisation (if applicable) Position Held	ept the booking, pay	ment and cancellation terms	and conditions.

Total Amount Charged	£	Invoiced	Yes/No
Damage deposit received	Yes/No	Amount Charged	£
If some or all of the			
damage deposit is			
retained, state reason			
A copy of the Hirer's Public			
Liability insurance received			
A copy of the Hirer's			
Temporary Alcohol License			
received			
A copy of the Hirer's Risk			
Assessment received			

I confirm that the above information has been provided

Name	
Signature	
Position	
Date	