BOOKING FORM



Date:					
CUSTOMER INFORMAT	FION (Person Booking)				
Organisation:					
Name:					
Address:					
Town:					
County:					
Postcode:					
Contact Email:					
Contact Tel:					
SESSION INFORMATIO	ON The state of th				
Date(s) of Session:					
Frequency:		F 1.T'			
Start Time:		End Time:			
Room(s) to be booked					
Large Meeting Room					
Coffee Lounge Witches					
Kitchen Sports Hall					
Sports Hall Studie					
Studio HIVE Classroom					
HIVE Classroom B HIVE Open Hub Space					
HIVE Open Hub S HIVE Office Space					
• IIIVE Office opac					
FEES & CHARGES					
Rate Category: (Categor	ry 1/ Category 2 / Category 3)				
Session Fee:			£		
Additional Requiremen	nts (tick as appropriate)				
Deposit £50.00 Key Set Issue (Key Set 1/ Key Set 2 / Key Set 3)					
Tea/Coffee @ £1	·				
	per: £5.00 per session				
Projector and Screen: £10.00 per session					

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For one off bookings, I/we do hereby agree to pay the hiring fee prior to the booked session. I understand that this fee is non-refundable and if the fee is not paid in advance, The Hill Street Centre may cancel the booking.

For regular bookings, I/we do hereby agree to pay within 30 days of invoice.

Deposits, Damages to the property, furniture or equipment will be paid for by the Hirer. Deposits will be reimbursed upon return of the keys to The Hill Street Centre Office.

All parties agree to the fees and terms stated above and hereby accept the amounts charged.

All parties agree to the lees at	id terms stated above and hereby accept the amounts charged.
Date:	
Full Name:	
Job Title:	
Signature:	
EMERGENCY CONTACT (if different to Customer Information, on page 1)
Name:	
Contact Email:	
Contact Telephone:	
INVOICING (if different to C	Sustomer Information, on page 1)
Contact Name:	
Address:	
Town:	
County:	
Postcode:	
Contact Email:	
Contact Telephone:	

HILL STREET CENTRE OFFICE USE ONLY

Booking Form entered	YES/NO	Date & Initial:	
on Hallmaster:			