

BOOKING FORM



Date: _____

CUSTOMER INFORMATION <i>(Person Booking)</i>	
Organisation:	
Name:	
Address:	
Town:	
County:	
Postcode:	
Contact Email:	
Contact Tel:	

SESSION INFORMATION			
Date(s) of Session:			
Frequency:			
Start Time:		End Time:	
Room(s) to be booked <i>(tick as appropriate)</i>			
• Large Meeting Room			<input type="checkbox"/>
• Small Meeting Room			<input type="checkbox"/>
• Coffee Lounge			<input type="checkbox"/>
• Kitchen			<input type="checkbox"/>
• Boardroom			<input type="checkbox"/>
• Sports Hall			<input type="checkbox"/>
• Studio			<input type="checkbox"/>
• IT Suite			<input type="checkbox"/>
• Whole Centre <i>(Excludes Studio / IT Suite / Boardroom)</i>			<input type="checkbox"/>

FEES & CHARGES	
Rate Category: <i>(Category 1 / Category 2 / Category 3)</i>	
Session Fee:	£
Additional Requirements <i>(tick as appropriate)</i>	
• Deposit £50.00 Key Set Issue <i>(Key Set 1 / Key Set 2 / Key Set 3)</i>	
• Unlimited Tea/Coffee @ £1.00 per head	
• Flip chart & Paper: £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.

Date:	
Full Name:	
Job Title:	
Signature:	

EMERGENCY CONTACT <i>(if different to Customer Information, on page 1)</i>	
Name:	
Contact Email:	
Contact Telephone:	

INVOICING <i>(if different to Customer Information, on page 1)</i>	
Contact Name:	
Address:	
Town:	
County:	
Postcode:	
Contact Email:	
Contact Telephone:	

HILL STREET CENTRE OFFICE USE ONLY

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

INDICATE WHETHER SIGHTED, OR RETAINED COPY	
Insurance:	
First Aider:	
Risk Assessment:	
Fire Marshal:	