BOOKING FORM



CUSTOMER INFORMATION (Person Booking) Organisation: Name: Address: Town: County: Postcode: Contact Email: Contact Tel: SESSION INFORMATION Date(s) of Session: Frequency: Start Time: Room(s) to be booked (tick as appropriate) Large Meeting Room Small Meeting Room Coffee Lounge Kitchen Boardroom Sports Hall Studio IT Suite Whole Centre (Excludes Studio / IT Suite / Boardroom) FEES & CHARGES Rate Category: (Category 1/ Category 2 / Category 3) Session Fee: Additional Requirements (tick as appropriate) Peposit £50.00 Key Set Issue (Key Set 1/ Key Set 2 / Key Set 3) Unlimited Tea/Coffee @ £1.00 per head	Date:				
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Boardroom Sports Hall Studio IT Suite Whole Centre (Excludes Studio / IT Suite / Boardroom) FEES & CHARGES Rate Category: (Category 1/ Category 2 / Category 3) Session Fee: Additional Requirements (tick as appropriate) Deposit £50.00 Key Set Issue (Key Set 1/ Key Set 2 / Key Set 3)	Coffee Lounge				
 Sports Hall Studio IT Suite Whole Centre (Excludes Studio / IT Suite / Boardroom) FEES & CHARGES Rate Category: (Category 1/ Category 2 / Category 3) Session Fee: Additional Requirements (tick as appropriate) Deposit £50.00 Key Set Issue (Key Set 1/ Key Set 2 / Key Set 3) 	• Kitchen				
 Studio IT Suite Whole Centre (Excludes Studio / IT Suite / Boardroom) FEES & CHARGES Rate Category: (Category 1/ Category 2 / Category 3) Session Fee: Additional Requirements (tick as appropriate) Deposit £50.00 Key Set Issue (Key Set 1/ Key Set 2 / Key Set 3) 	Boardroom				
IT Suite Whole Centre (Excludes Studio / IT Suite / Boardroom) FEES & CHARGES Rate Category: (Category 1/ Category 2 / Category 3) Session Fee: Additional Requirements (tick as appropriate) Deposit £50.00 Key Set Issue (Key Set 1/ Key Set 2 / Key Set 3)	Sports Hall				
Whole Centre (Excludes Studio / IT Suite / Boardroom) FEES & CHARGES Rate Category: (Category 1/ Category 2 / Category 3) Session Fee: Additional Requirements (tick as appropriate) Deposit £50.00 Key Set Issue (Key Set 1/ Key Set 2 / Key Set 3)	• Studio				
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Flip chart & Paper: £5.00 per session

Projector and Screen: £10.00 per session

BOOKING FORM



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 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 fee charged.	es and terms stated	l above and hereby ac	cept the amounts	
Date:				
Full Name:				
Job Title:				
Signature:				
EMERGENCY CONTAC	${f T}$ (if different to Cu	stomer Information, on	page 1)	
Name:				
Contact Email:				
Contact Telephone:				
INVOICING (if different t	to Customer Inform	ation, on page 1)		
Contact Name:				
Address:				
Town:				
County:				
Postcode:				
Contact Email:				
Contact Telephone:				
HILL STREET CENTRE OFFICE USE ONLY				
Booking Form	Yes / No	Date & Initial:		
entered on				
Hallmaster: Invoiced:	Yes / No	Invoice #:		
	120 / 110			
INDICATE WHETHER SIG	CHTED, OR RETAI	NED COPY		
Insurance:				
First Aider:				
Risk Assessment:				
Fire Marshal:				
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