

Booking Form

Please read Conditions of Hire 2019 and Hire Charge Tariff January 2018 before completing and signing this form. Then return form to Bookings Secretary by post or by scanning and emailing to bookings.stokememorialhall@hotmail.com Thank you.

Contact Deta	ails of H	lirer:											
Name:													
Full postal	address	S :											
Email addre	ess:												
Contact numbers - mobile:						oth	er:						
Booking Det	ails: (Pl	lease inc	lud	e your se	t up and clea	r away tii	me)						
Nature/Title	of Eve	nt:											
Activities a	t Event:	:											
Date:	Time from:			Time to:		Total Hours			Hourly Rate			No. of people	
									£				
Type of booking: (tick appropriate box)					Resident Hire?	Y/N	Com Ev	mur ent	• Y/IN			usiness Hire?	Y/N
Will alcohol be consumed at the event? Y / N					Y/N	(If alcohol is for sale, a copy of your TENS Licence must be given to the Bookings Secretary a week before the event)							
Facilities Re	quired:	(tick all t	that	t are requ	ired)								
Main hall				Stage				Public address system			-		
Kitchen Oven Further Details/Special Requiren			monto:	Grounds				Hearing			Loop		
Fullilei Deta	alis/Spec	Jiai Nequ	ili ei	ments.									
read and wi	ill abide	by the l	Mei	morial Ha	enclose the o all Condition een received	s of Hire	e. <u>I unc</u>	<u>ders</u>	tand	that th	ne l	booking i	is not
Signed						On behalf of hirer/organisation				n	Date		
Signed						On behalf of Memorial Hall					Date		
Return to: Bookings Secretary Jill Uhlhorn, Old Rose & Crown, 31 Ham Hill, Stoke sub Hamdon, TA14 6RL bookings.stokememorialhall@hotmail.com (01935 829513)													

Total cost	£	Damage deposit	£	n Deposit		£	n/a
				/			
				а			

Prov. Book date...... Confirm Book date....... Date Paid Receipt No............