

Notes:

BOOKING REQUEST FORM - 2024

Name of Hirer or H	Hiring Organisation:				
Contact Name:					
Position in Organisation:					
Address:					
Tel No:	Tel No: Email:				
Purpose of Hire:					
Approximate numb	bers attending: Adu	ılts:	Children	1:	
Rooms required (t	ick):				
Main Hall	£17 p/hour		Kneller Room	£11 p/hour	
Clements' Room	£8 p/hour		Room 2	£5 p/hour	
Kitchen	£2.50 p/hour (to accompany another room - not for individual hire)				
Single Booking:	Date of Hire:		Time of Hire:	From: To:	
Regular Booking: Day(s) of Hire:					
Time of Hire:	From:		To:		
Commencing Date: Final Date: or Ongoing (tick)					
Do you require bookings term time only? Yes / No					
Please ensure yo	ou leave sufficient	time for setting	g up and cleari	ng away within your hire period	
 I accept all responsibility and agree to be in attendance throughout the event. I accept that no alcoholic liquor will be sold in the Hall or adjacent land without an appropriate licence authorised by ASYCH and there will be no smoking in the Hall. I agree to abide by the Terms & Conditions of Hire as set out in the Booking Agreement, a copy of which I have received and read. I agree to ASYCH holding my data on file until the booking has expired in accordance with GDPR regulations. Please note: A refundable deposit of £100 is required as security against damages. 					
Signed:				Date:	
For Office Use Onl	 у:				
Deposit Received:		£	Booking	Confirmation Sent:	
Deposit Returned:					
Hire Fee Paid:		£		Website Entry:	