BISHOPSTONE VILLAGE HALL

(Registered Charity no: 246932)

BOOKING FORM – Regular Event	Copy to be returned to Bookings Secretary
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1.	. Name of Hirer/Authorized Representative									
2.	Name of Organisation	on								
3.	Address									
4.	4. Telephone Number (day)			(evening)						
5.	E-mail address									
6.	6. Purpose of Hire The person named above is the Hirer for purposes of compliance with the conditions of hire.									
7.	Will alcohol be provided? YES / NO Will alcohol be for sale? YES / NO If alcohol is to be sold, the Hirer must apply for own Temporary Event Notice (www.wiltshire.gov.uk) and must notify the Bookings Secretary when this has been obtained. 7. Facilities required (please tick)									
[Memorial Room		K	itchen	Internet				
8. Period of Hiring (this should include setting up and cleaning time) Date of first session										
		No. of sessions	From (am/pm)	To (am/pm)	No. of hours	Rate per hour £	Cost ££			
-	Session detail									
9. Total Sum required with this form £										
wi	ease make cheques pay th this form to:- Mrs M A: Tel 01722 780471		•	_	-					
I agree to the above and that I have read and agreed to the Conditions of Hire										
Sig	gned		. (hirer) D a	ite						