

BOOKING REQUEST FORM - 2022

Name of Hirer or Hiring Organisation:	
Contact Name:	
Position in Organisation:	
Address:	
Tel No:	
Email:	
Purpose of Hire:	
Approximate numbers attending: Adults: Children:	
Rooms required (tick): Main Hall £15 per hour Kneller Room £10	per hour
Kitchen (to accompany another room) £2.50 per hour Clements' Room £8 /	er hour
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 (t	ick)
Do you require bookings term time only? Yes / No	
Please ensure you leave sufficient time for setting up and clearing away.	
I accept all responsibility and agree to be in attendance throughout the event. I accept that no alcoholic be sold in the Hall or adjacent land and there will be no smoking in the Hall.	: liquor will
I agree to abide by the Terms & Conditions of Hire as set out in the Booking Agreement, a copy of whic I have received and read.	ר
I agree to ASYCH holding my data on file until the booking has expired in accordance with GDPR regul	ations.
Please note: A refundable deposit of £100 is required as security against damages.	
Signed: Date: /	/
For Office Use Only:	
Deposit Received: / / £ Booking Confirmation Sent: /	/
Deposit Returned:	
Hire Fee Paid: / / £ Website Entry: /	/
Website Details:	