

Application for booking

Room required

Theatre Drama Studio Social Area Room 1 Room 3
 Room 4 Room 5 Room 6 Room 7

Numbers attending

Attending: Vulnerable Adults
 Juniors under 16 Adults

Child protection/vulnerable Adults policy required received

Contact Name.....

Address.....

Postcode

Registered Charity Number.....

Business/Group name.....

Home Tel..... Work Tel.....

Mobile..... E-mail address.....

Start date of booking..... End date of booking.....

Day..... Start Time..... End Time.....

Excluded Dates

Set up requirements stage/seats etc

Catering required numbers..... Bar required

Please specify catering required:-

.....

Pay at start of let or to be invoiced

Please provide in the box below details of your let for example, meeting, class, conference, course and description of those attending together with a brief outline of the subject matter and need. This is important to enable us to further develop our community capacity.

Signed: **Date:**

OFFICE USE ONLY	
Copy of Child Protection Policy received	
Evidence of tutor/class/activity leader Enhanced Disclosure check	
Copy of Public Liability Insurance received	
Booking form signed agreeing to conditions of let	
Emergency evacuation policy explained (walk through completed)	
Bar / Equipment / Permission to Photograph request form completed (please circle as appropriate)	
Application declined/accepted	
Payment received in full	

ISSUED BY _____ DATE _____

TOTAL AMOUNT DUE

PAYMENT TAKEN BY _____ DATE _____

PAYMENT METHOD: CASH CHEQUE