



# TOWN HALL BOOKING FORM

INVOICE DATE/REF	
DEPOSIT TAKEN	

**BOOKING TIMES** (*charge will be made for the total time within the building*)

DATE OF EVENT		CONFIRMED	
ROOM REQUIRED FROM		VACATE ROOM BY	
EVENT START TIME		EVENT FINISH TIME	

**FACILITIES REQUIRED** (*please note that events must be non-political and non-religious*)

MAIN HALL		TABLES	
ANTE ROOM		OHP/SCREEN	
COMMITTEE ROOM		FLIP CHART	
KITCHEN (use of)		PARTITIONING	
FOYER		DISPLAY SCREENS	

ORGANISATION NAME (if applicable)	
CONTACT NAME - <b>Responsible Person</b>	
INVOICE TO BE SENT TO	
ADDRESS	
POSTCODE	
DAYTIME TELEPHONE NO	
CONTACT TELEPHONE NO OF ORGANISER	

### NATURE OF EVENT

CLASS	
EXHIBITION	
LECTURE	
MEETING	
PRIVATE PARTY	
RECEPTION	
WEDDING	
CIVIL CEREMONY	

### TABLE LAYOUT PLAN

### NUMBER OF PEOPLE TO BE ACCOMMODATED

STANDING		SEATED	
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**As the responsible person I have read and will follow the FIRE EVACUATION PROCEDURES as stated overleaf and will keep a record of attendees**

Name:.....

Signature:.....

Date:.....

DATE BOOKING TAKEN \_\_\_/\_\_\_/\_\_\_

BOOKING TAKEN BY \_\_\_\_\_