

Please note: Dates will only be reserved for 14 days.
If booking form is not received, the booking will be cancelled



OFFICE USE ONLY:
Account No:
Booking Dep Inv No:
Hire Invoice No:

TOWN HALL - Council Chamber		Date of Event:			
Organisation:		Event Details:			
Name of applicant: Mr/Mrs/Ms					
Position in Organisation:					
Address of Applicant: (block letters):					
Post Code:		Invoice Address: (if not the same as previous)			
Tel:		Post Code:			
Email:		Tel:			
E-mail:		E-mail:			
<i>Insert dates under days below</i>	7am-12pm	12pm-5pm	5pm-12am	All Day 7am-12pm	12am-7am (list hours req'd)
Monday:					
Tuesday:					
Wednesday:					
Thursday:					
Bank Holidays:					
Friday:					
Saturday:					
Sunday:					

Office Use Only

Date entered on booking system
Date Email Confirmation Sent
Public Liability received Y / N if not add 10% to invoice for us of TC Public Liability
Risk assessment required? Y / N Date received:
Invoice sent by email Y/N
Commercial Hire

Requirements (all included in the hire price)	PROJECTOR & SCREEN <input type="checkbox"/> Tick	Would you like us to advertise your event on our Social Media? <i>If yes, please provide content.</i> <input type="checkbox"/> Tick if yes
	FLIPCHART <input type="checkbox"/> (pens not provided)	Is your event open to members of the public? <input type="checkbox"/>
	WHITEBOARD <input type="checkbox"/> (markers not provided)	Do you hold public liability insurance cover to a minimum of £2M? <input type="checkbox"/>
	Tea and coffee can be provided (on arrival only) for up to 10 people. Please state the number of cups required if this is desired. <input type="checkbox"/>	If you wish to provide your own drinks, additional crockery hire is available. Please request a separate crockery hire form. <input type="checkbox"/>

PLEASE DO NOT SEND ANY MONEY/CHEQUES WITH THIS FORM, YOU WILL BE INVOICED PRIOR TO THE HIRE (INCLUDING ANY DEPOSIT). If the invoice is to be paid by someone other than the person stated on the booking form please advise us in the box above as this cannot be changed at a later date.

FOR FULL HIRING CONDITIONS, PLEASE READ THE ATTACHED TOWN HALL-COUNCIL CHAMBER HIRING REGULATIONS.

NOMINATED RESPONSIBLE PERSON

To comply with the Local Government (Miscellaneous Provisions) Act 1982, Cinemas Act 1985 and Theatres Act 1968 and the Town Council's Hiring Regulations, you must nominate a responsible person, at least 18 years of age, to be in charge of, and present in, the premises during the period of your hire.

Please complete:

Organisation: (if applicable)	
Event:	
Name of Nominated Person:	
Address: (if different to first page)	
Telephone Daytime:	
Telephone Evening:	
E-mail:	

If any of the above booking requirements need amending after this completed form has been returned to us, please note that a new booking form shall be required. A booking deposit of 10% of the hire fee is required after the booking has been confirmed. An invoice will be issued for this.

A damage deposit is generally not charged for the hire of the Council Chamber but there may be occasions when due to the nature of the hire that this may be required.

I confirm that I have read and agree to "The Festival Hall Hiring Regulations" such sections that apply to this booking. These are attached to this document on-line or can be viewed at www.petersfield-tc.gov.uk or obtained from the Town Council offices.

I undertake to reimburse the Town Council for the cost of repairing or replacing any damage, breakage or theft occasioned by reason of my hiring the premises.

I also undertake to leave the premises in a clean and tidy state and note that brushes, dustpans etc are available on request from reception for this purpose.

I confirm that I am over 18 years old.

I confirm that my email address can be used for other information that Petersfield Town Council wish to send to me. Please tick to opt in

Signed: _____

Date: _____

Contract acceptance

On behalf of Petersfield Town Council, who operates the Town Hall Council Chamber, we accept your booking to hire the Council Chamber and any equipment requested on the selected dates above. The cancellation policy has now been activated by your acceptance above so please take the time to read this carefully.

Signed: _____

Date: _____

Position: _____

PLEASE RETURN THIS COMPLETED BOOKING FORM TO PETERSFIELD TOWN COUNCIL

For Office Use Only:

Booking deposit invoice number: S

Invoice date:

P Number:

Invoice No:

Site Checked by whom:

Amount deposit returned:

Entered on to accounts system:

(Stamp)

Damage Deposit required: Y/N

Amount: £

Site Checked: (Please Tick)

Date deposit returned:

Method: (Please circle) BACS/Cheque

Entered on to bank system:

(Stamp)

Councillor authorisation: _____

Councillor authorisation: _____