

**BOOKING FORM**

**Please email this form to: secretary@gatehouse-community-centre.org.uk**

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| **NAME OF ORGANISATION/INDIVIDUAL** : |
| **BOOKING CONTACT** |  |
| Name: |  |
| Address: |  |
| Postcode: |  |
| Telephone: |  |
| Email: |  |
| **BILLING CONTACT (IF DIFFERENT)** |  |
| Name: |  |
| Address: |  |
| Postcode: |  |
| Telephone: |  |
| Email: |
| **HIRE PERIOD (ONE OFF)** |  |
| Date required: | Day (of week) required: |
| Start time: | Finish: |
| Purpose of booking: |  |
| **HIRE PERIOD REGULAR BOOKINGS** |  |
| Start date: | End date: |
| Weekly (day of week): | Times: |
| Monthly (day of month): | Times: |
| Purpose of booking: |  |

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| **ROOM(S) REQUIRED** (please tick): |
| Main Hall | Meeting Room |  Lounge | Kitchen |
| **ADDITIONAL REQUIREMENTS**: |
| Seating (please indicate layout) |  |
| Tables (please indicate layout) |  |
| Modular Stage (max 9 modules each 1 m x 1 m, please indicate arrangement required  e.g. 3x3 square, 4x2 rectangle etc) |  |
| Hybrid meeting equipment |  |
| **I have read the Agreement and the Conditions of Hire and agree to comply in full with them** |
| **(Where the purpose of the booking is activities involving children/young people or vulnerable adults)****I confirm that I have taken advice from the Care Inspectorate as to whether or not the proposed activity is required to be registered and that the appropriate policies and checks as required under the Protecting Vulnerable Groups Scheme are in place.** |
| **SIGNED:** | **DATE:** |