**Booking Form – Peter Gooch Room**

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| --- | --- | --- |
| **Event details** | | |
| Name of organisation |  | |
| Proposed activity/event |  | |
| Number of people attending & using the hall at any one time |  | |
| Proposed dates | Start Date |  |
| End Date |  |
| Frequency  (one off, daily, weekly, fortnightly, monthly, other) |  | |
| Proposed times of event – please note that start and finish time is your booking time if you require time to set up or de rig equipment you must include this in your booking time.  *(please provide further details, set up requirements or requests for additional equipment if applicable)* | Start Time |  |
| Finish Time |  |
| Further details | |
|  | |

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| --- | --- |
| **Main contact details** | |
| Name |  |
| Role (within the organisation) |  |
| Contact Number |  |
| Email |  |
| Address |  |

Please return this completed form to [bookings@thealeparishcouncil.gov.uk](mailto:bookings@thealeparishcouncil.gov.uk) If we are able to accommodate your request you will receive a confirmation email and invoice from us shortly.

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| **Confirmation** | | | |
| In signing below, I agree to the following:   1. I have read and accepted the hire conditions. 2. I have attached copies of the following documents:    1. hirer’s Public Liability Indemnity Insurance cover (where applicable)    2. copy of event/activity risk assessment (where applicable)    3. copies of any relevant licences (e.g. TENS). 3. I will ensure that **ALL** areas are securely locked/padlocked when not in immediate use and take full responsibility for the safekeeping of any keys lent. 4. I will adhere to the rules on the signage located on the recreation ground. 5. I will ensure Theale Parish Council is reimbursed for any costs which may be incurred in repairing any damage caused by the hirers or their visitors to the grounds or facilities. 6. I understand that Theale Parish Council reserve the right to cancel the booking/event as stated in our terms & conditions. | | | |
| Signed *(Hirer)* |  | Date |  |
| Signed *(on behalf of Theale Parish Council)* |  | Date |  |

Please note that all documentation and payments ***must*** be received by Theale Parish Council prior to the booking taking place.

*For office use only*

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| --- | --- | --- | --- |
| Date booking form received with Theale Parish Council |  | Cost per session/week  (if applicable) |  |
| Date event/booking was confirmed with hirer |  | Total cost of booking |  |
| Date the booking was entered onto the calendar/system |  | Payment method |  |
| Name of staff working the event  (if applicable) |  | Payment Date |  |