

Booking Form							
	Un	it 2, Victoria C	Court, Kent S	t, Nottingham N	G1 3LZ		
Your Name:							
Name of organisati	on						
Type of organisation)n						
Charity No. (if applicable):			Com	npany No. (if appli	cable):		
Address (main cont	act/correspond	dence):	•		•		
Invoice Address (if	different):						
Telephone Number(s).							
Email							
Hall(s) or facility required: (Please see attached pricing structure and layout map)							
				If this is a real	urring booking (i o	for the same (dov
Please indicate bel use of these faciliti		& dates you require the		If this is a recurring booking (i.e., for the same day and time), please indicate the day, start & finish dates.			
Space	Date	Time From	Time To	Day of Week	Start Date	Finish Date	
NB. Times must include any setup and clearing away. Occupation beyond these times will incur additional hourly charges.							
Please give brief details of activities, intended users, and the estimated numbers attending:							
Facilia incomé no accilia	d /o.a. tables						
Equipment require	a (eg, tables (or chairs, tea t	irn), or otner	special arranger	nents		
Agreed hire fees to	be paid in fu	II. in advance	of hire:				
I confirm that I have by them. A copy is	e read and ur			s of Hire for Com	munity Centres" a	nd agree to abi	de
Signed:				Date:			
Will there be children or vulnerable adults present? If yes, you must supply details of your Safeguarding Policy – indicating the measures taken to							
ensure the safety and security of any children or vulnerable adults taking part in the hire.							