

Stoke Climsland Community Project Ltd, Stoke Climsland, Callington, Cornwall PL17 8NY. Telephone 01579 370493 e-Mail: theoldschool@ruralinternet.co.uk

BOOKING FORM: (NUMBER

On completion please return to the Old School

Name Of Applicant (Circle) Mr/ Mrs / Ms	<u>First Name:</u>		Surname:		
Name Of Organisation					
Name Of Event					
Contact Details	Email Home Number Mobile				
Date Premises Required:	<u>Day</u> <u>Date</u>	Access To Site Required: Event open To Public	From:	<u>To:</u>	
Monthly Weekly Every other week"One off "event (Please circle)					
Requested Area To Hire	Main Hall AH Room Café Area Therapy Room Kitchen Meeting Room Bar (Staffed or unstaffed) Car Park (If an outdoor event)				
IT Equipment Requested? Is help required to set up and take down?	Audio Equipment Overhead Projector – off PC or DVD				

Furniture Requested?	(Please see Hire conditions for what is available) Chairs: Tables:
Is the stage required?	Yes No
Details Of Event	(Sketch layout if required & attach to booking form) e.g. Chairs/ tables set out for dining or a meeting
Expected Attendance (Approx numbers)	Children (under 18): Adults:
Catering Required	Yes No (Project Manager to contact and agree)
Proposed Method of Payment	Cheque: Yes / No Cash: Yes / No BACS: Yes / No SCCP Bank Details:-Clydesdale Bank; Sort Code 82-48-08; A/c No. 50455341

<u>Please note this is a 'request form', and does not mean the request has been booked,</u> until confirmed by the Project Manager, or the Office Manager in writing or by email.

By completing and returning this form, I agree on my behalf and behalf of the organisation above to comply with and be bound by the Conditions of Hire, which I confirm I have read. (This includes penalties for late cancellation of event).

Signed	
Dated	

OFFICE USE ONLY ref: BOOKING NO.					
(PLEASE CIRCLE)					
Telephone booking/ office booking/ email / website					
Date of request:					
Check list - Policy statements and procedures given to client(s)					
Health & Safety – Statement Of Intent					
Safeguarding					
Children (Under 18)					
Vulnerable Adults					
Equal Opportunities					
Fire Action Plan					
Conditions Of Hire					
First Aid Procedure					

Deposit requested? Deposit paid?	Yes/No Yes/No	Amount received: Date received:
Booking Payment	Date paid: Method of Payment: Amount received: Receipt issued:	
Donation offered? Donation paid	Yes / No Yes/ No	Amount received: Date received: