



## **Long Term Booking Form**

(Please complete this form in **BLOCK CAPITALS**)

COMPLETION OF THIS FORM DOES NOT CONFIRM A BOOKING.
CONFIRMATION OF AN AGREEMENT WILL BE FORWARDED BY THE PARISH HALL MANAGER
IF THE APPLICATION IS APPROVED.

Contact Details of Responsible Person: (must be 18 years or older)					
First Name:			Surname:		
Group/Organisation's Name:					
Address:					
Lieuwa Dhana Nivershaw		Postcode:			
		Mobile Phone Number: Date of Birth:			
Liliali Addi ess.			Date of Birth		
Details of Booking					
Day/s Required:	Please Tick:		Times the hall is required: PLEASE INCLUDE SETTING UP & TIDYING AWAY		Number of Hours
Sunday		From:	am/pm <b>to</b> :	_ am/pm	
Monday		From:	am/pm to:	_ am/pm	
Tuesday		From:	am/pm to:	_ am/pm	
Wednesday		From:	am/pm to:	_ am/pm	
Thursday		From:	am/pm to:	_ am/pm	
Friday		From:	am/pm to:	_ am/pm	
Saturday		From:	am/pm to:	_ am/pm	
Date the booking will commence:Approx No. of people:(120 capacity)					
Brief description of activities taking place in the hall:					
commencement of	<b>St</b> a eposit for £ the agreem C	(Cash or nent and a rel	Kitchen Please Note: A Food Hygiene Cer you will be preparing food in the IMPORTANT  Cheque) and completed booking form and agreement ntal of payment of £ per hour must be paid more made payable to: 'St George's PCC New Mills'  Signed:	2 weeks pr	ior to the or Cheque)
Date:					
OFFICE USE ONLY:					

Signed: \_