**Booking Form**

**Name of Hirer’s Organisation or ‘Private hire’:** ……………………………………………..

**Contact Name:** ……..………………………………………………………………………………

**Nominated responsible person:** ………………………………….. **Age:**……….…………

**Address:** …………………………………………………………………………………….………

…………………………………………………………………….................................................

**Contact number:** ………………… **Email:** ………………………………………………........

**Do you represent a charity or not-for-profit organisation?** ……………………………….

**Charity Number:** *(if applicable)* …………………………………………………………………….

**Party/department to whom invoice should be sent:** ………………………………………..

*(Please note cheques should be payable to West Lavington Village Hall)*

|  |  |
| --- | --- |
| **Contact Name:**  | ………………………………………………………………………….... |
| **Address:** | ……………………………………………………………………………………………………………………………………………………............... |
| **Contact number:** | ……………............... **Email:** ………………………..………………... |

**Date of Hire:** …………….......... **Location:** *(Hall, Giles Room, Playing Fields)*…….…………....

**Time access required:** …………**Time of vacation:** …………………………………………..

*(Please include preparation time) (Please include time tidying up prior to leaving)*

**Approx. Number of parking spaces required:** ……………………………………………….

**Facilities required: Cooker** ………..**Stage** …..…….**Projector** ….….…**Screen** …………..

**Please specify any special conditions:** …………….…………………………………………

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# AGREEMENT

**I hereby agree to the West Lavington Village Hall terms and conditions, information sheet and stage and stage lighting information, copies of which I have downloaded, read and understood from the West Lavington Village Hall website.**

**Signature:** …………………………………............ **Date:** …………………

Please return the completed form by email to **villagehallwestlavington@gmail.com** **or by post to the above address.**

In accordance with data protection legislation, your details will be kept solely for the purpose of this booking and will not be disclosed to any third party without your prior consent.