



Booking Form

NAME OF GROUP OR INDIVIDUAL

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CONTACT DETAILS

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|---------------------------------------------------------------------|--------------------------|
| NAME | |
| ADDRESS | |
| TELEPHONE | |
| EMAIL ADDRESS | |
| Please tick if you would like to be added to the Forum Mailing List | <input type="checkbox"/> |

SECOND CONTACT (If possible)

| | |
|---------------------------------------------------------------------|--------------------------|
| NAME | |
| ADDRESS | |
| TELEPHONE | |
| EMAIL ADDRESS | |
| Please tick if you would like to be added to the Forum Mailing List | <input type="checkbox"/> |

ACTIVITY

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DATE(S)

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ROOMS & TIMINGS

| ROOM | GET IN TIME | START TIME | FINISH TIME | GET OUT TIME |
|----------------------------|-------------|------------|-------------|--------------|
| MAIN HALL | | | | |
| HALL 2 | | | | |
| MEETING ROOM 1 | | | | |
| MEETING ROOM 2 (Backstage) | | | | |
| MEETING ROOM 3 (Backstage) | | | | |
| FOYER | | | | |

NUMBER OF PEOPLE EXPECTED AT ACTIVITY

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FREQUENCY (E.G. ONE OFF / DAILY / WEEKLY /MONTHLY / 4 TIMES A YEAR)

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EQUIPMENT/FACILITIES NEEDED

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ACCESS TO REFRESHMENTS NEEDED? WHAT WOULD YOU NEED?

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DETAILS OF ANY EQUIPMENT OF SUBSTANCES BEING BROUGHT ONTO THE PREMISES THAT WOULD REQUIRE A COSSH SHEET (I.E. – STAGE PYROTECHNICS, SMOKE MACHINES OR CLEANING PRODUCTS)

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I have read and will abide by the Terms and Conditions of Hire.

| | | | |
|---------------|--|-------------|--|
| Signed | | Date | |
|---------------|--|-------------|--|

Please return the completed form to: bookings@forumnorthallerton.org.uk
(If returning this form by email, please note that by returning the form you are accepting the Terms and Conditions of Hire).

The Forum
Bullamoor Road
Northallerton
DL6 1LP

If you have any queries, or wish to obtain extra forms or information, please ring 01609 776230