## St. Mary's Community Hall Hiring Agreement

## Please complete this form and return it as soon as possible.

Date of Event :					
Time from :		to	. Total hours		
Hourly Rate for	Hire peri	iod £ Cos	st of Total Hours £		
Purpose of Hire	<u>;</u>				
Name of Organ					
Address					
Phone No:			Mobile		
e-mail					
Bank Account [	Details for	deposit refund. Name	e Sort Cod	leAcc No	
The person in the Conditions			ust be aged 21 year	s or over and will be he	ld responsible for
	need to a		Event Notice from R	other District Council. F	Please provide a
I declare that I	have read	ation given above is co d and understood the S liring Rules (Terms & C	St Mary's Communit	y Hall Licensing Conditic	ons, Standard
Signed: Date:					
PLEASE RET				G AND DEPOSIT MUST OR RETURN OF THE DE	BE PAID TO SECURE THE POSIT.
	e Deposit	amount will be retur		eeks or earlier prior to hafter hiring date providi	
Payment by BACS to the Account:-			Email the booking form to <a href="mailto:Udimorehallbooking@gmail.com">Udimorehallbooking@gmail.com</a> OR		
Name: Sort code: Acc no:	e: St Mary's Community Hall Please send the booking form to the address below:- code: 30-90-28 Sowdens Orchard,				
TO BE COMPLETED	BY BOOKI	 NG CLERK			
		Amount	Date received	Receipt no.	sBACS
Cost of hire					
Deposit					
Breakage Dep	osit				