

Regular Hall Booking Form



Contact Name:
Club/Organisation Name:
Contact Address:
Contact Telephone Number:
Additional contact telephone numbers:
Contact Email address:
<i>Please provide us with an email address so we can update you on cold weather closures, caretakers on duty and any maintenance works taking place in the building.</i>


Which Venue/Hall?	Day(s) of hire:
Start Date:	End Date:
Frequency: ✎ ✎ ✎ ✎	
<i>Please attached a separate sheet if required</i>	


Reason for hire and No of people expected to attend:
Tables and Chairs Required: YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(If you do not require a set up, these chairs will be left at the side of the hall for you)</i>
Do you require a set up? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If Yes please send back a table/seating plan with this booking form. Please be aware there is a set up charge if this is required.</i>


Do you store items at the hall? YES <input type="checkbox"/> NO <input type="checkbox"/> Please list any items that you store at the hall: ✎ ✎ ✎ ✎
<i>Please be aware any items stored in the hall are not covered by our insurance and these will need to be sufficiently insured by your organisation.</i>


Do you use a storage cupboard at the hall? YES NO

Please indicate which storage cupboards you use.









Please be aware if you are using storage at the halls, there is a storage charge per cupboard. I am afraid we now have to charge for storage as we have a large amount of demand from hirers for storage space.

Bar Required? YES NO

Bar Required From:	Bar Required To:
<i>(Bar must close 30 mins prior to hall closing time)</i>	

Do you have a CRB or DBS check?
 YES NO

If yes please provide us a copy of your check.

Do you or your organisation have a safeguarding children policy/safeguarding vulnerable adult's policy?
 YES NO

If yes please can you provide us a copy along with this form?

Do you or your organisation have public liability or employer's liability insurance?
 YES NO

If yes please can you provide us a copy along with this form?

Please state if you wish us to advertise the above contact details on our website for advertising?
 YES NO

Please provide alternate contact details if they are different from above

Address:

Telephone Number:

Email address:

Please complete, sign and date this booking form agreeing to the attached Terms and Conditions.

Please return a signed copy to Environment Services-Halls, Council offices, Kiln Road, Benfleet, Essex, SS7 1TF or by email to ***halls@castlepoint.gov.uk***.

Please return this form at the latest by the 28th February. If we have not received the form by this date any future bookings from the 1st April will not be secured.

Name:	Signature:	Dated:
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