

TaB Centre Plus Booking Application Form



Please provide your contact details

Contact Name.....Tel/Mob #.....
Name of Organisation.....
Email Address:
Post address.....
.....Postcode.....

Type of function

Date (s) required: If a regular user, please provide a schedule of dates/times and attach to this document

What start time would you need access to the room(s)

Note: If your sessions starts at 11 am and it will take you an hour to set up then you will need access from 10 am

What end time will the room be cleared after your booking?

Note: If your sessions ends at 1 pm and it will take you hour to clear away then you will need to book until 2 pm

Number of people expected to be attending

Will there be any children/young people under the age of 18 attending? Y/N*
(if Y, provide copy of TaB Safeguarding policy)

Select rooms you need for your booking:

Ground Floor

| | | | | | |
|-----------------|--------------------------|--------------|--------------------------|--------------|--------------------------|
| Palmerston Hall | <input type="checkbox"/> | Cafe Lounge | <input type="checkbox"/> | Café Kitchen | <input type="checkbox"/> |
| Sanctuary | <input type="checkbox"/> | Room 3 | <input type="checkbox"/> | Room 4 | <input type="checkbox"/> |
| Sports Hall | <input type="checkbox"/> | Main Kitchen | <input type="checkbox"/> | | |

First Floor

Room 5

I have read and agree to the Conditions of Hire

Signature.....Date.....Print name.....

Hand in to reception on completion

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Room layout

Number of tables & chairs required in the room _____

Staff set up Customer Set up

(if staff set up) How room is to be set-up

Additional Hire Requirements

| | | |
|--|---|---------------------------------------|
| TV (in cafe or sanctuary) <input type="checkbox"/> | Projector <input type="checkbox"/> | Photocopying <input type="checkbox"/> |
| In house catering <input type="checkbox"/> | Flip Chart & Pens <input type="checkbox"/> | Note paper <input type="checkbox"/> |
| Cold or Hot drinks & Biscuits <input type="checkbox"/> | Steward to operate Sanctuary Equipment <input type="checkbox"/> | Sound System <input type="checkbox"/> |

Weddings/Funerals

| | | | |
|---|------------|---|------------|
| Car park steward <input type="checkbox"/> | Booked Y/N | Design of order of service <input type="checkbox"/> | Booked Y/N |
| Event steward <input type="checkbox"/> | Booked Y/N | Printing order of service <input type="checkbox"/> | Booked Y/N |
| Catering <input type="checkbox"/> | Booked Y/N | Organist <input type="checkbox"/> | Booked Y/N |
| Florist <input type="checkbox"/> | Booked Y/N | DJ / Band <input type="checkbox"/> | Booked Y/N |
| Photography <input type="checkbox"/> | Booked Y/N | Funeral Director <input type="checkbox"/> | Booked Y/N |

For returnable deposits* please provide your bank account details

Name of account _____ Sort Code _____ Account number _____
*(This is subject to deductions for breakages, photocopying or other services required after the booking has been agreed)

Office Use Only

| | |
|--|--------------------------------|
| Date Booking arrangement agreed: _____ | Date: Customer notified: _____ |
| Refundable Deposit Amount: £ _____ | Booking Hire Amount £ _____ |