

Record of Booking

Hired by: Tel No:

Email:

On behalf of:

Date hired:

Invoice to
Treasurer's Name:

Address:

.....

Post Code: Tel No:

Date of function:

Type of function:

Time: Until

Rooms required: Main Hall Chamber Kitchen Old Members

Food: Yes/No

Numbers: Confirmed

Name of Steward Tel:
(If over 200 people)

Music: Yes/No

PRS Licence No:
(If applicable)

Charity Number:
(If applicable)

To be completed by office staff:

Rate to be applied:

Total cost of event:

Booking letter sent

Confirmation of booking received

Performing rights form sent

Invoice request processed

Invoice number

Invoice confirmed