

## **BOOKING FORM**

Name or organisatio	on:		
Address:			
Billing name:			
Address (if different)			
Purchase order no. (	if applicable):		
Telephone:		Email:	
Type of event:		Date(s) of hire:	
Room required:		Number attending:	
Time required:		PLEASE ALLOW TIME	TO SET UP AND CLEAR UP
Room charge (per hour):		Total charge: (excluding extras)	
		vou must supply Percy Co tation at least one week	•
	•	will make known and co	• •
		d-19 Conditions of Hire, hose attending during the desired that the desired in the desired i	•
Signature:		Print name:	

Bookings are not confirmed until the forms have been received and processed by Percy Community Centre. N.B. The deposit will be forfeit upon cancellation of a booking or for any damage to the facilities caused during your visit.

A DEPOSIT OF 50% OF THE TOTAL HIRE CHARGE MAY BE REQUIRED TO SECURE YOUR BOOKING

Pay by BACS (sort code 40-52-40, a/c 00028934) or cheque to Percy Community Centre