HATFIELD TOWN COUNCIL
BOOKING FORM

BIRCHWOOD LEISURE CENTRE, LONGMEAD, HATFIELD, HERTS. AL10 0AN *(Central Booking Office)*
Tel: 01707 262023 Fax: 01707 271145 Email: birchwoodleisure@aol.com

Application To Hire: **OXLEASE HOUSE** ☐ ***(NO BAR AVAILABLE)*** **BIRCHWOOD SPORTSMAN** ☐ ***(NO BAR AVAILABLE)*** **HOWE DELL COMMUNITY HALL** ☐ ***(NO BAR AVAILABLE)***

Applicant:		
Organisation/Function:		**Number Attending:**
Address:		
Tel No (Home):	**Tel No (Work):**	**Tel No (Mobile):**
HIRE: Day:	**Date:**	**TIME: From:** **To:**

BIRCHWOOD SPORTSMAN SUITE	**OXLEASE HOUSE**	**HOWE DELL COMMUNITY HLL**
Meeting Room **…… hrs x £…… = ……** **Teas, Coffees and Biscuits** **…… people x £…… = ……**	**Hall, Kitchen and Annex** **…… hrs x £…… = ……**	**Hall and Kitchen** **…… hrs x £…… = ……**
SUB-TOTAL = ……	**SUB-TOTAL = ……**	**SUB-TOTAL = ……**
PLUS DEPOSIT = ……	**PLUS DEPOSIT = ……**	**PLUS DEPOSIT = ……**
TOTAL = ……	**TOTAL = ……**	**TOTAL = ……**

THE DEPOSIT IS PAYABLE AT THE TIME OF BOOKING. YOU WILL BE INVOICED FOR THE TOTAL AMOUNT TWO MONTHS BEFORE THE HIRE DATE. BOOKINGS WITHIN ONE MONTH MUST BE PAID IN FULL WITH THE DEPOSIT. CHEQUES SHOULD BE MADE PAYABLE TO 'HATFIELD TOWN COUNCIL'

BIRCHWOOD SPORTSMAN SUITE - MAXIMUM ATTENDANCE 50 - UNLICENSED - NO BAR AVAILABLE

OXLEASE HOUSE - MAXIMUM ATTENDANCE 65 - UNLICENSED - NO BAR AVAILABLE

HOWE DELL COMMUNITY HALL - MAXIMUM ATTENDANCE 80 - UNLICENSED - NO BAR AVAILABLE

INVOICE ADDRESS (IF DIFFERENT FROM ABOVE): ……

DEPOSIT REFUND ADDRESS (IF DIFFERENT FROM ABOVE): ……

IF YES, WHO SHOULD THE INVOICE BE SENT TO? ……

TO HELP US WITH OUR MARKETING PLEASE LET US KNOW HOW YOU FOUND OUT ABOUT THIS HALL?……

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Payment Details: **PLEASE NOTE WE DO NOT ACCEPT AMERICAN EXPRESS**

Please make cheques payable to: 'HATFIELD TOWN COUNCIL'

Or please debit my (type of card) CREDIT/DEBIT card with the sum of **£**

My card number is ***Card issue date*** ***Expiry date***

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| |__|__|__|__| |__|__|__|__|

Security No. |__|__|__| ***(last 3 digits on reverse of card)*** ***Issue No.*** |__|__| ***(Switch only)***

Signature …… Date ……

I HAVE READ AND ACCEPT THE HIRE CONDITIONS ON THE REVERSE OF THIS FORM AND APPLY FOR USE OF THE FACILITIES LISTED ABOVE

SIGNED……DATE ……

NAME ……

HATFIELD TOWN COUNCIL Use Only

DEPOSIT RECEIVED …… INVOICE TOTAL ……
(Hall Reference)
INVOICE NO. …… DEPOSIT REFUND ……
(Cheque No.)
HALL MANAGER …… COMMENTS ……

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