HATFIELD TOWN COUNCIL - BOOKING FORM

BIRCHWOOD LEISURE CENTRE, LONGMEAD, HATFIELD, HERTS. AL10 0AN *(Central Booking Office)*
Tel: 01707 262023 or 270772/3 Fax: 01707 272913 Email: birchwood@hatfield-herts.gov.uk

BIRCHWOOD SPORTSMAN/CLUB ROOM ☐ *(NO BAR AVAILABLE)*

OXLEASE HOUSE ☐ *(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/CLUB ROOM	**OXLEASE HOUSE**	**HOWE DELL COMMUNITY HLL**
Meeting Room ..... hrs x £..... = ... **Teas, Coffees and Biscuits** ..... people x £..... = ...	..... hrs x £..... = ...	..... hrs x £..... = ...
TOTAL = ...	**TOTAL** = ...	**TOTAL** = ...

ALL BOOKINGS MUST BE PAID FOR WITHIN 2 WEEKS OF CONFIRMING THE FUNCTION. CHEQUES SHOULD BE MADE PAYABLE TO 'HATFIELD TOWN COUNCIL'

BIRCHWOOD SPORTSMAN SUITE/CLUB ROOM - MAXIMUM ATTENDANCE 40/10 - UNLICENSED - NO BAR AVAILABLE

OXLEASE HOUSE - MAXIMUM ATTENDANCE 60 - UNLICENSED - NO BAR AVAILABLE

HOWE DELL COMMUNITY HALL - MAXIMUM ATTENDANCE 70 - UNLICENSED - NO BAR AVAILABLE

INVOICE 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?.....

.....

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 |_|_|_|_|

Issue No. |_|_| ***(Switch only)***

Signature ..... ***Date*** .....

IF YOU WOULD LIKE TO MAKE A PAYMENT DIRECTLY INTO HATFIELD TOWN COUNCIL'S BANK ACCOUNT OUR BANK DETAILS ARE AS FOLLOWS:

NATIONAL WESTMINSTER BANK PLC, TOWN CENTRE BRANCH, HATFIELD

For the credit of:

HATFIELD TOWN COUNCIL
Account No: 43031536
Sort Code: 60-10-18

PLEASE QUOTE A BOOKING REFERENCE - NAME, VENUE, HIRE 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

PAYMENT RECEIVED: .....**INVOICE NO.** .....