 **LEGION HOUSE BOOKING FORM**

Please complete this form after you have checked room availability with the Town Council **by telephone, 01530 416961 or email**: [info@ashbytowncouncil.org.uk](mailto:info@ashbytowncouncil.org.uk) . Please return the completed booking from together with a 25% non refundable deposit to **Legion House, South Street, Ashby de la Zouch, Leicestershire, LE65 1BQ**. If you have any queries please do not hesitate to contact us on the details shown above.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contact details:** | | | | | | | | | | | | | | | | | |
| Name of hirer: |  | | | | | | | | | | | | | | | | |
| Name of organisation: |  | | | | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | | | |
| Postcode: |  | | | | | | | | | | | | | | | | |
| Name and address for invoicing if different |  | | | | | | | | | | | | | | | | |
| Telephone: |  | | | | | | Email: | | | | |  | | | | | |
| **Event Details:** | | | | | | | | | | | | | | | | | |
| Date(s) of event(s) | |  | | | | | | | | | | | | | | | |
| Event Title: | |  | | | | | | | | | | | | | | | |
| Type of event: | |  | | | | | | | | | | | | | | | |
| Time attendees expected to arrive: | |  | | | | | | Number of attendees: | | | | | |  | | | |
| **Room requirements – circle room required** | | | | | | | | | | **Time require access to room** | | | | | | | |
| From | | | | | To | | |
| Council Chamber (35/45 people) | | | | | | | | | |  | | | | |  | | |
| Room 2 (12/15 people) or Room 4 (15/18 people) | | | | | | | | | |  | | | | |  | | |
| Room 1 or Room 5 (both 8/10 people) | | | | | | | | | |  | | | | |  | | |
| **Room layout details – tick layout required** | | | | | | | | | | | | | | | | | |
| Classroom | | | |  | | | | Boardroom | | | | | | | |  | |
| U Shape | | | |  | | | | Theatre | | | | | | | |  | |
| Other – please give details: | | | |  | | | | | | | | | | | | | |
| Number of tables & chairs required | | | |  | | | | | | | | | | | | | |
| **Equipment required – please tick** | | | | | | | | | | | | | **Number** | | | | |
| Television – Council Chamber only | | |  | | Kettle |  | | | | | Cups & saucers | |  | Wine glasses | | |  |
| White Board | | |  | | Urn |  | | | | | Tumblers | |  | Pump flasks | | |  |
| Other | | |  | | | | | | | | | | | | | | |
| Car Parking Spaces required – check availability before booking | | | | | | | | | | | | | | | | | |
| Disabled Spaces | | |  | | | | | | Other spaces | | | | | |  | | |

|  |  |
| --- | --- |
| **Confirmation and Signature** | |
| I confirm the details are correct and agree to abide by the Terms and Conditions of hire as set out in attached document. | |
| Sign: | Date: |
| Print Name: | |
| Where did you hear about this venue? | |

The information you provide will be held on a database and will be subject to the Data Protection Act 1998. We respect your right to privacy by not selling or disclosing any information to any third parties. We may contact you from time to time with information.

If you do not wish to receive this please tick the box:

PLEASE RETURN FORM & DEPOSIT TO THE ADDRESS ON THE FRONT PAGE