

# BOOKING FORM

V5/5 UG

HIRER			
Name _____			
Address _____			
_____		Landline _____	
_____		Mobile _____	
Post code _____		E mail _____	
YOUR EVENT			PARTY
Date ...../...../.....		Type of event.....	
Times:		Approximate number of guests .....	
Start .....: .....		Do you require the licenced bar Yes/No	
End: .....: .....		Do you require the high gate open Yes/No	
BOOKING CHARGE payable to the treasurer contact on 07532 093743			
Hourly Rate £8.00			
Total Hours required		Total Hire Charge	
DEPOSIT FULL AMOUNT			
Amount	Payment method	Date of Payment	Taken by
£8.00. Cash		...../...../.....	
Cheque		...../...../.....	

**We strongly urge you to read the pack as by signing this form you confirm that you have read and understand the *Terms of Conditions of hiring Piccadilly Community Centre.***

**I understand the booking will only be confirmed once I have provided a non refundable deposit of £8.00 to the treasurer.**

Name	PCA Name:
Date	Date:
Signature	Signature: