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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of function** | |  | | | | | | | |
| **Time of function** (to include set up and clearing away time) | | | | | | | | | |
| **Start time** |  | | | | **Finish time** | |  | **Total Hours** |  |
| **Name and address of Hirer** (including post code) | | | | | | | **Deposit and fee is required to secure booking1**  Events for children under 5 years **£50.00**  Events for children 6-12 years **£50.00**  Events for teenagers and young people **£200.00**  up to 25 years  Events for adults over 25 years **£100.00**  All other events **£100.00**  1 Within one week of provisional enquiry.  Deposit will be banked and refunded by cheque following first Town Council meeting after hire. | | |
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| **Telephone/mobile** | |  | | | | |
| **Reason for Hire** (# delete as appropriate) | | | | | | |
| i) Private function | | # YES / NO | | | | |
| Please give details: | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| ii) Organisation (if appropriate) | | |  | | | | | | |
| iii) Other | | |  | | | | | | |
| iv) Approx. numbers attending | | |  | | | | | | |
| **Requirements** (# delete as appropriate) | | | | | | | | | |
| v) Request to bring alcohol onto premises | | | | | | # YES / NO | | | |
| vi) Bar licence required or applied for (if selling alcohol) | | | | | | # YES / NO | | | |
| vii) Request to Perform Public Entertainment required | | | | | | # YES / NO | | | |
| viii) Performance licence required or applied for | | | | | | # YES / NO | | | |
| I confirm I have received and agree to be bound by the Terms and Conditions for the Hire of The Pavilion, Mill Lane, Potton SG19 2PG.  **I enclose the full fee together with the appropriate deposit** in respect of the function and understand the possible restrictions relating to its return. The deposit and fee will be banked at the time of booking. | | | | | | | | | |
| **Payment** (Card payments not accepted) | | | | Bank transfer to **Potton Town Council** Lloyds Bank plc | Sort code 30-90-79 | Account no. 00512039  OR please make cheques payable to Potton Town Council. | | | | | |
| **Please advise to whom deposit refund cheque should be made payable**: | | | | | | | | | |
| **X**  Signature of hirer  Name (please print):  Date: | | | | | | Please return this completed form to:  Administration Assistant  Potton Town Council  The Community Centre  Brook End  Potton  SG19 2QS  OR by email to: [sharon.shaw@pottontowncouncil.gov.uk](mailto:sharon.shaw@pottontowncouncil.gov.uk)  Please call 01767 260086 if you have any queries. | | | |
| The Caretaker will meet you at the hall at the start time you have requested and again promptly at the end of your booking. You must not leave the premises unattended. Please do not leave the premises before the Caretaker has arrived to lock up. | | | | | | | | | |