

Shalford Village Hall Booking Form

Date of Booking			
Date Required			
Time Require	From:-	To:-	
Name : - Person Booking			
Organisation			
Resident:-		Non Resident:-	
Tel No.:-			
Address Details:-			
Charge			
Deposit			
Hirers appointed			
Fire Safety Person			
Committee Member Confirm Damage /Waste	Yes		No
Deposit Returned	Yes		No
Comments			

I agree to abide by the Terms and Conditions of Hire

Signature of Hirer:

Date: