BUCKHURST HILL PARISH COUNCIL

APPLICATION FOR HIRE OF THE WOOLLARD CENTRE

Return to: The Parish Office 165 Queens Road Buckhurst Hill Essex IG9 5AZ

Application to be submitted at least 1 month prior to hire

NOTE: Provisional bookings can be held for two weeks only : No let is binding on the Council until the FULL AMOUNT is paid an	nd the Application approved.
NAME: Title Name Last Name	
Address Te	el No
Purpose of Hire Date of H	lire
Period of hiream/pmto.	am/pm
Please allow time for all preparation and clearing away in the pmust be returned to the control of the Council's nominated off has been completed.	
The hall will be locked at the end of the hire period - No Lati	tude will be given
Facilities available (please delete those not required)	
Main Hall (includes bar/kitchen) Roebuck Room (downstairs)	Stag Room (upstairs)
Do you intend to apply for an occasional liquor licence? (delete as ap	opropriate) YES NO
Will an admission charge be made? (delete as appropriate)	YES NO
FULL NAME, ADDRESS AND TELEPHONE NUMBER OF BAND This must be supplied at a later date if not available at time of (If not applicable please state)	
N.B. ANY MONEY DUE TO THE PERFORMING RIGHTS SOCIETY IS THE RES. Name, address and telephone number of Caterer (If not applica	
DECLARATION I acknowledge receipt of a copy of the Regulations and read carefully and attach a signed copy of the full Regulations and Conditionand conform to these conditions and to observe any instructions given in pur	ons of Hire. I agree to abide by
Cheques to be made payable to Buckhurst Hill Parish Council I ENCLOSE A CHEQUE FOR £ BEING THE FULL AN HIRE AND REFUNDABLE CONTINGENCY DEPOSIT (which will be WITH THE SCALE OF CHARGES	
I confirm and undertake personally to return the hall to the Co promptly at the end of my agreed period of hire in a clean and (I acknowledge that should failure to comply with the above occur the remove period of agreed hire may not be possible and alternative arrangements for the my cost. This shall apply to property or goods owned by me, my agent, employed.	satisfactory condition. al of property or goods after my beir retrieval must be made at byee or other person attending.)
PLEASE ENSURE THIS FORM IS COMPLETED FULLY BEFORE RETU	IRNING TO THE OFFICE.

Signed

Date