|  |
| --- |
| Booking Number: |
| Invoice Number: |
| Booked in Diary? | Confirmed in Diary? |
| Deposit Received? | Payment Received? |

**Single Event Booking Form**

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| --- |
| **Your Contact Details** |
| Organisation / Name: |
| Type *(eg Private, Business, Community, Charity, Parish)*: |
| Invoicing Address:Post Code: | Contact Name: |
| Role: |
| Telephone: |
| Mobile: |
| Email: |
| How did you hear about the Trinity Centre? |
| **Details of the Booking** |
| Event Date: | Room(s) Required: |
| Start Time: |
| Finish Time: |
| Approximate Attendance: |
| Activity: |
| Equipment brought by hirer: |
| Equipment required from Trinity Centre: |
| Do you require specific furniture / special access arrangements? Yes *(please detail on Furniture Layout / Special Access Request Form)* / No |
| **Refreshments** *(please check our menus and price lists)* |
| Do you require a buffet? Yes *(please fill out a Buffet Request Form)* / No |
| Do you require teas & coffees? Yes for *(approximate numbers)* / No |
| Do you require kitchen access for own buffet? Yes / No |
| Do you require kitchen access for own refreshments? Yes / No |
| **Your Agreement** |
| *The information above provides an accurate description of my/our requirements. I confirm that I have read , understood and agree to the Terms and Conditions of Hire. I agree to provide an agreed and non-refundable deposit if applicable.* ***Please make cheques payable to Trinity Centre.*** |
| Room Hire: | Refreshments: |
| Kitchen Hire: | Trinity Buffet: |
| Total Booking Fee: | Deposit Required: |

 **Hirer's Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**