Assembly Rooms Booking Form

Contact Details

Contact Name: _____

Organisation: _____

Contact Email: _____

Telephone: _____

Address:

_____

_____

_____

Event Details

Date of Event: _____

Time From: _____

Time To: _____

Number Attending: _____

(please provide details If this is a regular booking)

_____

_____

Will a bar be required for your booking Yes / No

If yes, please provide requested timings

<u>Terms and Conditions Acceptance</u>

Please read and return a signed copy of the terms and conditions of hire along with the completed booking form