Shap Community CIO THE OLD COURTHOUSE, SHAP

BOOKING FORM

PLEASE READ CAREFULLY THE TERMS AND CONDITIONS OF HIRE AND THE FIRE EVACUATION PROCEDURES ATTACHED TO THIS FORM.

NAME OF ORGANISATION :

NAME OF PERSON MAKING THIS BOOKING :

ADDRESS & POST CODE:

TELEPHONE NUMBER : EMAIL:

NAME OF DESIGNATED RESPONSIBLE ADULT FOR FIRE SAFETY (IF DIFFERENT FROM ABOVE) :

ADDRESS & POST CODE:

TELEPHONE NUMBER:

EMAIL:

I have read and understood the Fire Evacuation Procedures for The Old Courthouse, Shap

Signed……. …… Dated……

NAME OF TREASURER OR PERSON TO WHOM INVOICE SHOULD BE SENT:

ADDRESS & POSTCODE:

POSTCODE:

TELEPHONE NUMBER: EMAIL:

DETAILS OF BOOKING REQUESTED:

PURPOSE OF HIRE:

DATES AND TIMES REQUESTED: (if a regular pattern eg "2nd Tuesday of the month", you must also indicate any dates when you are NOT meeting). Please tick to indicate which room you wish to hire.

Room	**Date(s)**	**Time From**	**To**
Community Room			
Business Meeting Room			
Library Room			
Exhibit 'A' Gallery			

I have read and agree to the Terms and Conditions of Hire

The hirer confirms that they will comply with all COVID – secure measures, safeguarding requirements and legislation in respect of children, young people and adults in need of care and support.

Signed…….. Dated……..

NB This booking will not be accepted unless the Hirer and Designated Adult Responsible for Fire Safety have signed this form.

Please return this form to the Administrator, The Old Courthouse, Shap, Penrith, CA10 3NL or e-mail: admin@theoldccourthouse.org