

BOOKING FORM



CLIENT DETAILS

Name	Fax No
Telephone No (Daytime)	Telephone No (Evening)
Address Invoice address <input type="checkbox"/>	E-mail Address
If acting on behalf of a business, club, organisation etc please state its full name and address plus your position there Name of organisation: Address: Your position in the organisation: Invoice address <input type="checkbox"/>	
Please state which of the above addresses to use for invoicing purposes	

EVENT DETAILS

Date	Event Title
No of Attendees:	Time

FACILITIES REQUIRED AND LAYOUT

John Caden Hall Full <input type="checkbox"/> Front with stage Back <input type="checkbox"/> <i>Layout:</i> Theatre Style (max 400) <input type="checkbox"/> Banquet Style (max 150) <input type="checkbox"/>	Conference Room <input type="checkbox"/> <i>Layout:</i>
Training Room (max 12) <input type="checkbox"/> Computer access required <input type="checkbox"/>	Community Room <input type="checkbox"/> <i>Layout:</i>
	Upper Dining Room <input type="checkbox"/> Lower Dining Room <input type="checkbox"/>

Additional requirements

Lectern (John Caden Hall only)	<input type="checkbox"/>	Photocopying	<input type="checkbox"/>
Projector/Multimedia	<input type="checkbox"/>	Flip chart + pens	<input type="checkbox"/>
Lighting (John Caden Hall only)	<input type="checkbox"/>	Screen	<input type="checkbox"/>
Sound (John Caden Hall only)	<input type="checkbox"/>	Welcome/signing in desks	<input type="checkbox"/>
Technician	<input type="checkbox"/>	Internet access	<input type="checkbox"/>
Stage Extension (John Caden Hall only)	<input type="checkbox"/>	Induction Loop	<input type="checkbox"/>
Radio Mics	<input type="checkbox"/>	Hospitality (see form CBF1)	<input type="checkbox"/>
Other requirements (please specify)			
Please note that hirer's own electronic equipment must be PAT tested. We can arrange this for a fee if necessary.			

Insurance

All hirers must have public liability insurance with minimum cover of £5,000,000.
See Terms and Conditions for details.

Name of Insurer	
-----------------	--

Policy Number	
---------------	--

Expiry Date	
-------------	--

Limit of Indemnity	
--------------------	--

Please enclose a copy of the insurance certificate when returning this form

Declaration

- I undertake to pay the appropriate hiring charges
- I have read and agree to be bound by the TERMS & CONDITIONS OF USE
- I agree to indemnify the college against any claims for loss or damage or personal injury or any associated costs arising from this agreement

Signature:

Date:

Once fully completed, this booking form and a copy of your public liability insurance certificate (if applicable) must be returned to:

By Post to:
Hayley Wooding
Carmel College
The Headlands
Darlington
DL3 8RW

By e-mail to: hwooding@carmel.org.uk

Online at: www.carmel.org.uk/community