BOOKING FORM



CLIENT DETAILS

Name		Fax No				
Telephone No (Daytime)		Telephone No (Even	ing)			
Address	oo addrass [E-mail Address				
Invoice 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			
Please state which of the above ac	dresses to u					
EVENT DETAILS Date		Event Title				
No of Attendees:		Time				
FACILITIES REQUIRED AND LAYOUT						
John Caden Hall Full Front with stage Back		Conference Room Layout:				
Layout: Theatre Style (max 400) Banquet Style (max 150)		Community Room Layout:				
Training Room (max 12)		Jpper Dining Room				
Computer access required		_ower Dining Room				

Additional requirements						
Lectern (John Caden Hall or	nly)		Photocopying			
Projector/Multimedia			Flip chart + pens			
Lighting (John Caden Hall o	nly)		Screen			
Sound (John Caden Hall on	ly)		Welcome/signing in desks			
Technician			Internet access			
Stage Extension]	Induction Loop			
(John Caden Hall only)			•			
Radio Mics			Hospitality (see form CBF1)			
Other requirements (please	specify)					
Please note that hirer's ow	n electron	nic ed	uipment must be PAT tested. We	can		
arrange this for a fee if ne						
Insurance						
All binara manathana makika K	- I. 1110 - 1		with minimum and 05 000 000			
All hirers must have public liability insurance with minimum cover of £5,000,000. See Terms and Conditions for details.						
See Terms and Conditions I	or uetails.					
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 to the pay	opropriate h	niring	charges			
			e TERMS & CONDITIONS OF USE			
I agree to indemnify the control of the contro	college aga	inst a	ny claims for loss or damage or person	onal injury		
or any associated costs	arising from	n this	agreement			
Signature:						
Signature.						
Date:						
Once fully completed, this booking form and a copy of your public liability insurance						
certificate (if applicable) mus	st be return	ea to:				
By Post to:			By e-mail to: hwooding@carmel.org	uk		
Hayley Wooding			by a mail to. Involuting @barmon.org.	M		
Carmel College			Online at: www.carmel.org.uk/comm	unity		
The Headlands			Ç	-		
Darlington						
DL3 8RW						