BOOKING FORM			
Name of Applicant			
Address:			
	Post code:		
Telephone number:	Landline:	•••••	Mobile:
Email address:			
			bookings calendar on our website. Please nber and email to be included: Yes/No
Day and date of ever	nt:		
Nature of the event:			
(please give us as full	details as possible e.g., danc	ce, birtho	day party, live band, disco, charity fundraiser
etc)			
Time Hall required:	From:		
	To:		
(You must include the	e time you need to set up an	d clear a	way)
Event/activity start a	nd finish times:	From:	
		To:	
Number of people ex		13	
(limited to 190 people	e standing, 100 people seate	ea)	
Layout of the Hall:			
-	o 16 tables and 100 chairs. Y	ou must	set these up, wipe them down and put them
away yourself.)	o to tables and too challs. I	ou must	set these up, wipe them down and put them
away yoursen.,			
Do you require the ki	itchen and kitchen equipme	nt?	Yes/no
(All items used must I	be washed, dried, and put av	way)	



**Do you require the urn to be put out?** Yes/No

Do you intend to run a bar/sell alcohol? Yes/No

(Due to licensing laws please speak to the Assistant Town Clerk if you intend to run a bar/sell alcohol, and you will also have to apply for a temporary events notice)

**FEES** must be paid at least one month before your event date. Please refer to the Hire Charges attached.

**PAYMENTS** should be made on-line or by cheque to

**Unity Trust Bank PLC** 

Account name: Saxmundham Town Council Market Hall

Account number: 20458593 Sort code: 60-83-01

Please use your invoice number as a reference or MH followed by your surname.

## **HIRING AGREEMENT**

Please note all contracts in respect of the Market Hall are subject to the Terms and Conditions of Hire as attached. Please read before you sign. The person signing must be aged 21 years or over and will be held responsible for ensuring the Terms and Conditions of Hire are adhered to.

I confirm that I have read and understand the Terms and Conditions of Hire and I understand that I will be charged the full cost of a lock change and key replacement if I do not return the key to the key safe

Cianad	Data	
SIPHEN	 Date	

Please complete and return your Booking Form and Hiring Agreement to

The Assistant Town Clerk Saxmundham Town Council The Town House Station Approach Saxmundham IP17 1BW

IPI/ IDVV

Tel: 01728 604595

Email: assistanttownclerk@saxmundham-tc.gov.uk

If you email your booking form, you must date it and include an electronic signature.

YOUR BOOKING IS ONLY COMPLETE WHEN FULL PAYMENT HAS BEEN RECEIVED AND WE HAVE EMAILED YOU TO CONFIRM YOUR BOOKING.