Sheriff Hutton Village Hall

Registered Charity 1169225

COVID-19 (revised) BOOKING FORM 2023

Please complete and return to: SHVHbookings@gmail.com

Application Details

| Name and/or Organisation: | |
|--------------------------------|----------------------|
| Event: | |
| Address: | |
| | |
| Email: | |
| Telephone (Daytime): | Telephone (Evening): |
| Date of Hire (including year): | |

Rooms Required and Times. You will only be able to access spaces you have booked.

| | Maximum number | TIMES | | FURNITURE | | NOTES |
|----------------|----------------|-------|----|-----------|--------|----------------------|
| ROOM | of people | FROM | ТО | CHAIRS | TABLES | Please specify |
| Main Hall | Dance 142 / | | | | | number of chairs |
| | Seated 200 | | | | | and number plus |
| Refreshment | 27 | | | | | type of table (large |
| Room | | | | | | or small). Please |
| Committee Room | 22 | | | | | also indicate if you |
| | | | | | | want the stage. |
| Kitchen | | | | | | |
| | | | | | | |
| Car Park | | | | | | |
| | | | | | | |

| Will the Hearing | Aid Loop | system be | e required | for the hard | of hearing? | Yes / No |
|------------------|----------|-----------|------------|--------------|-------------|----------|
|------------------|----------|-----------|------------|--------------|-------------|----------|

Address :

Name of Person responsible for Fire Regulations and Health and Safety:

Bar Licence (if applicable) – Name of Licensee:

Name and Address for Account (if different from above)

Please tick to indicate you have read and agree with:

Fire Regulations □ Conditions of Hire □

Name :

Entry and exit layout plan Village Hall Risk assessment

I understand that I am responsible for ensuring that appropriate liability insurance is in place for the duration of the hire. Where I have received written confirmation that my hire is included in the hall's hirer's indemnity, I confirm that I do not have any other liability insurance in place, that my booking is for a non-commercial activity of local benefit and that the booking does not involve any of the excluded activities listed in the terms and conditions of hire.

| Signed: | | |
|---------|--|--|
|---------|--|--|

Date:

If you require a specific layout for furniture, please do a diagram so we can arrange it as you would like it.

Office use only:

| Date form received: | | | | | |
|------------------------|-------------|-------------------|------------|-------------------------------------|-----|
| Date form printed: | | | | | |
| Date entered in diary: | | | Diary s | neets updated: | |
| Date acknowledged: | | | | er informed: g requirement updat | ed: |
| Checked – Queries? | No: Yes: | | | | |
| Queries followed up: | | | | | |
| | | | | | |
| | | | | | |
| Deposit received: | No: | | | | |
| | Yes: | | | | |
| | Amour | nt: £ | | | |
| | BACS: | | | Date of transfer: | |
| | Chequ | e: 🗆 Cash: 🗌 | | | |
| | Date n | otification or de | elivery to | o treasurer: | |

Notes: