

Jim Chesterfield Room Booking Form

| Organisatio | n Name: | | | |
|---|------------------------|--------------|------------|--|
| 1st Contact: | | 2nd Contact: | | |
| Name: | | Name: | | |
| Phone: | | Phone: | | |
| Email: | | Email: | | |
| Address: | | Address: | | |
| | | | | |
| | | | | |
| | | | | |
| Post Code | | Post Code | | |
| | Date booking required: | day | month year | |
| For regular bookings, please give details (e.g. every week, first Monday in month): | | | | |
| Start time: | | Finish time: | | |

- I have read and accept the Terms & Conditions of hire.
 I understand that Linslade Parochial Church Council holds no third party liability insurance in respect of lettings and that it is my responsibility to organise this, should it be needed.
- 2. I have noted in particular the points in the Terms & Conditions of hire relating to my individual responsibility for Health and Safety, Safeguarding, Fire Doors, Security and actions in case of fire.
- 3. I have noted the advice on the Incident Procedure.
- 4. I agree to pay the full charges as appropriate.
- 5. I understand that these fees must be paid by cheque (s) (payable to Linslade P.C.C.) in full at least 7 working days prior to date of the booked event.
- 6. I understand that this booking is for the Jim Chesterfield room only and if I require access to other areas, then I need to complete a booking form for them separately.

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

Please return this form to:

Mrs. Janet Miller, 45, The Paddocks, Linslade, Beds. LU7 2SX

Tel: 07561 836 695 e-mail: JanetMiller.lch@gmail.com







