

BOOKING FORM

Person responsible for the b	ooking:
Address:	
Contact Tel No:	email address:
Name of organisation:	
Description of Event:	
Room/s Required:	
Room Required:	Main Hall (Maximum of 80 seated or 100 standing)
	Committee Room (Maximum of 20 seated or - conference style)
Reservations required:	All Day (9:00am to 11:00pm
	Morning (9:00am to 1:00pm
	Afternoon (1:30pm to 5:30pm)
	Evening (6:00pm to 11:00pm)
	Other: (please specify times)
	r parish residents and £15 for non-residents tee Room £5 and £6 respectively
Do you intend to sell / consu	ıme alcohol? Yes No
Have you got a temporary 'E	Event Notice' Yes No
	to the Bookings Secretary not later than 14 days after it has been sent. king date cannot be guaranteed.
Set up / pack up time will be	charged at the normal rate.
Cancellation fee of 50% will	be charged if the booking is cancelled with less than 48 hours notice.
Breakages / damages will be	e charged at cost to repair / replacement
I confirm that I have read, un	derstood, and agree to the Terms & Conditions.
Signed: Date:	
Please return form to: Mrs Je	ean Jones, 3 Blacksmiths Row, Main Street, Mudford, Yeovil BA21 5TE