

EAST BRIDGFORD VILLAGE HALL BOOKING FORM

IMPORTANT: PLEASE READ EAST BRIDGFORD VILLAGE HALL CONDITIONS OF HIRE AND FIRE SAFETY INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Full name of hirer: _____
Address: _____
Telephone number: _____ Email: _____
Name of person to take responsibility for function if different from hirer: _____
Address: _____
Telephone number: _____ Email: _____
Name(s) of Fire Marshal(s): 1. _____ 2. _____
Hire required: Main Hall / Kitchen / Meeting Room (Please tick which is required)
Date(s) of hire: _____
Times(s) of hire: Start: _____ Finish: _____ Total (hrs): _____
(Including setting up/clearing away – caretaker should be able to come and lock up at your end time. This could affect the return of your deposit)

Purpose of hire: _____
(Please give full details of any entertainment to be provided, e.g. music, disco, dancing, films etc.)

Will there be:

Music and/or dancing?	Yes <input type="checkbox"/> /No <input type="checkbox"/>
Alcohol on sale?	Yes <input type="checkbox"/> /No <input type="checkbox"/>
If 'Yes' has a licence been applied for?	Yes <input type="checkbox"/> /No <input type="checkbox"/> (copy to lettings secretary when available)
Alcohol provided free of charge?	Yes <input type="checkbox"/> /No <input type="checkbox"/>
Food?	Yes <input type="checkbox"/> /No <input type="checkbox"/>
Use of Kitchen?	Yes <input type="checkbox"/> /No <input type="checkbox"/>
Will there be an admission charge for the function?	Yes <input type="checkbox"/> /No <input type="checkbox"/>
Anticipated number of people attending:	_____
I/We have studied the insurance cover provided.	Yes <input type="checkbox"/> /No <input type="checkbox"/> (Please ask, we can send a copy on request)
I/We have taken out additional cover if necessary.	Yes <input type="checkbox"/> /No <input type="checkbox"/>

Agreement:

I/We agree that if booking a party, the predominant age of those attending will be 11 and under or 21 and over.
I/We have read and understood the East Bridgford Village Conditions of Hire and Fire Safety Instructions and agree to be bound by them. I/We also agree to any additional terms requested by the management Committee.

Signed: _____ (Hirer) Date: _____

Signed: *Imelda O'Shea* (For the management Committee) Date: _____

Refundable Deposit - £50 pay on receipt of invoice: Yes/No/Waived

If you would like us to return your deposit directly to your bank, please either email your sort code and account number/name to our treasurer Olivia Fox treasurerebvh@gmail.com or complete your details here:

Name on account:	Account Number:	Sort Code:

Caretaker to open/close: Yes/No

Keys issued to: Name: Yes

Please return completed form to Imelda O'Shea ebvhbookings2025@gmail.com or to 63, Holloway Close, East Bridgford, NG13 8NG