



Learning Resource Centre Booking Form

Dates Required

Day(s) of the week required: _____ Date: ___/___/___

Times (24 Hour): From: ____:____ To: ____:____

Contact Details

Name of organisation / group _____

Name and Address of Applicant to whom correspondence may be sent _____

Tel No. _____ Mobile _____

Name and Address of Treasurer to whom invoices may be sent (if different from above) _____

Room Requirements

Room layout: Boardroom Theatre U-shape Cabaret Classroom

Equipment: Flipchart Powerpoint OHP DVD/Video

No. of delegates:

Catering details (dependant upon school caterers):

Arrival Mid morning

Lunch Afternoon

1. I have read and accept the regulations relating to the conditions of letting and agree to abide by the general conditions and any special conditions communicated to me.
2. I understand that there may be a minimum charge unless there is a concurrent hirer.
3. I am over the age of 18.
4. Cancellation of facilities is required in writing at least 1 month in advance to the Community Development Officer. Failure to do so will result in full charges being invoiced.

Signed: _____ Print Name: _____ Date: ___/___/___