Wellington Arts Centre **Booking Form**

(WAA FM3 v002)



Please check the details entered on this form, then signand return it, along with your payment and deposit, to the Booking Secretary at the address below, at least 14 days before the event.

If approved by the Management Committee, a copy of your form will be returned to you as a confirmation of your booking.

Bookings Secretary Wellington Arts Centre Eight Acre Lane Wellington

Somerset

Email: bookings@w-a-a.co.uk

Telephone: 01823 667774

TA21 8PS				
Event Information	Date of Eve	nt		
Hirer's Name and/or Organisation		Sponsors Name (if applic	cable)	
Address and Contact Number		Address and Contact Number		
Name of representative of licensee (if r	required)	Number of Stewards		
Traine of representative of neerisee (if required)		Number of stewards		
Details of Booking (e.g. 40th Birthday, Wedding, Dance, Disco)		Additional facilities required (e.g. Stage, Sound, Lighting)		
Bar Required Yes No Nur	mber Attending Function	on Hall Requ	uired From	am/pm to am/pm
·	12) per hour of part thereof)		£	
Basic Lighting & Sound Setup (£25) Temporary Membership (1-100guests £10)			f	Extra sound and lighting equipment setup Prices are available on request
• •		Sub Total	£	
	Less N	Member's Discount (20%)	£	
		Total Hire Charge	£	
The BookingDeposit applies to non-membersonly. A breakages	:/damagedenosit of £100may be nay	Booking Deposit	£ 100	ecretary. Deposits are refundable save where the
Management Committee decides that all or p		_	_	
Declaration				
I have and agree to be bound by the He	ealth & Safety Requirer	ments and Emergency Ac	tion Procedu	re (WAA FM1, WAA HS4)
Name	Signature		Date	
Office Use Only				
Booking Accepted / Rejected:		Date:		
ŀ	Hirer's Copy C	ritics Copy File C	ору	