

Public Function Booking Form (WAA FM4), V001, September 2025

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

Bookings Secretary

Wellington Arts Centre
Eight Acre Lane
Wellington
Somerset
TA21 8PS

Email: bookings@w-a-a.co.uk Telephone: 01823667774

* - Denotes fields are required

Contact Info	
Hirer's Name or Organisation*	
Sponsors Name*	
Email*	
Contact Number*	
Address*	
Event Info	
Event Title*	
Start Date of Event*	
(DD/MM/YYY)	
Start Time of Event*	
(HH:MM) Include setup time	
End Date of Event*	
(DD/MM/YYY)	
End Time of Event*	
(HH:MM) Include clearing time	



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Event Details*	
Provide a description of the event	
Number of People Attending the Event*	
Max. = 120	
Use of Facilities *	□ Bar
	Basic Sound and Lighting
	Dressing Rooms
	Additional Setup Requirements
Additional Setup Requirements	
• •	
Proposed Commercial Terms*	☐ Charity Event
r roposca Commerciai Terms	
	Hirer retains box office but is charged a
	hire fee
	Hirer splits box office with WAA
Proposed Box Office Vendor*	•
- Topoton Dex office fortide	Hirer
Duamagad Mad (4) . 4	
Proposed Marketing *	Hirer will market event
	WAA will market event (with Hirers
	material)
	WAA will market event (material required to
B I HALLA	be designed by WAA)
Proposed FOH Stewards*	Hirer to provide
Proposed Lighting Technician for event *	
	WAA to provide
	·
-	□ N/A
Proposed Sound Technician for event *	Hirer to provide
	□ N/A



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Proposed AV Technician for event *	☐ Hirer to provide
	□ N/A
Declaration	■ I have read and agree to be bound by the Health & Safety Requirements and Emergency Action Procedure (WAA FM1, WAA HS4). I also understand the booking is not secured until quote confirmed by the booking secretary and payment received in full.
Sign	
Print Name	
Date (DD/MM/YYY)	