

Internal Group Booking Form (WAA FM5), V001, September 2025

Please check the details entered on this form, then sign and return it 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

| 20110100 110100 110100 | |
|---|--|
| Contact Info | |
| Name* | |
| Email* | |
| WAA Group | Wellington Pantomime Group Wellington Operatic Society Genesis Youth Theatre Wellington Theatre Company Spectrum Arts & Crafts Critics Club Management |
| Event Info | |
| Type of Event* | ☐ Rehearsal☐ Meeting☐ Show |
| Room(s) Required* | |
| Start Date of Event* (DD/MM/YYY) | |
| Start Time of Event* (HH:MM) Include setup time | |
| End Date of Event* (DD/MM/YYY) | |



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| End Time of Event* | |
|-------------------------------|--|
| (HH:MM) Include clearing time | |
| Is this a repeat event? | Yes, send schedule to bookings@w-a- |
| (le Rehearsals or Show etc) | a.co.uk with this form. |
| | ■ No |
| Declaration Sign | ■ 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 confirmed by the booking secretary. |
| G.19.1 | |
| Print Name | |
| Date (DD/MM/YYY) | |