

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](mailto:bookings@w-a-a.co.uk)  
Telephone: 01823667774

**\* - Denotes fields are required**

Contact Info	
<b>Name*</b>	
<b>Email*</b>	
<b>WAA Group</b>	<input type="checkbox"/> Wellington Pantomime Group <input type="checkbox"/> Wellington Operatic Society <input type="checkbox"/> Genesis Youth Theatre <input type="checkbox"/> Wellington Theatre Company <input type="checkbox"/> Spectrum Arts & Crafts <input type="checkbox"/> Critics Club <input type="checkbox"/> Management
Event Info	
<b>Event Title*</b>	
<b>Type of Event*</b>	<input type="checkbox"/> Rehearsal <input type="checkbox"/> Meeting <input type="checkbox"/> Show <input type="checkbox"/> Other
<b>Room(s) Required*</b>	<input type="checkbox"/> Kitchen <input type="checkbox"/> Bar <input type="checkbox"/> Meeting Room <input type="checkbox"/> Hall (incl stage) <input type="checkbox"/> Hall (excl stage)
<b>Start Date of Event*</b> (DD/MM/YYYY)	

<b>Start Time of Event*</b> (HH:MM) <i>Include setup time</i>	
<b>End Date of Event*</b> (DD/MM/YYYY)	
<b>End Time of Event*</b> (HH:MM) <i>Include clearing time</i>	
<b>Is this a repeat event?</b> (Ie Rehearsals or Show etc)	<input type="checkbox"/> Yes, send schedule to <a href="mailto:bookings@w-a-a.co.uk">bookings@w-a-a.co.uk</a> with this form. <input type="checkbox"/> No
<b>Declaration</b>	<input type="checkbox"/> 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 <b>booking is not secured</b> until confirmed by the booking secretary.
<b>Sign</b>	
<b>Print Name</b>	
<b>Date</b> (DD/MM/YYYY)	