

ROOM HIRE BOOKING FORM/AGREEMENT

Contact Name:			
Organisation:			
Address:			
Telephone:			
Email:			
Facebook and Instagr	am links		
EVENT DETAILS			
Event Date:			
Event Description			
Event name:			
No. of attendees:			
Start Time:		Finish Time:	
PROMOTION			
details together with imag		elinepartners1@gr	e at this location. Please provide us with all mail.com) well in advance (at least three wee word duplicate postings.
I would like you to promo	ote my event.	Yes/no	
I have sent information ar	nd images to your email.	Yes/no	
HEALTH AND SAFET	Y		
It is important that you ma	ake us aware of any Health and Safe	ety issues. Can you	a confirm the following:
I have undertaken an appropriate risk assessment for my booking			Yes/no
I will undertake an approp	oriate safety briefing for all attendee	Yes/no	
REFRESHMENTS			
Juga of water will be avai	lable throughout your session		

Jugs of water will be available throughout your session.

There is a small kitchenette available to make tea and coffee, you will need to supply all consumables but there is crockery available.

We have arrangements with local businesses to supply refreshments at reduced prices, please indicate below if you wish us to obtain costs for you. Please contact us with details if this is required.

Payment must be made in full when booking. Confirmation of booking will be provided on receipt of payment.

Refunds will be given if bookings are cancelled with a minimum of one week's notice, otherwise payment is due for the booking.

Space must be left clean and tidy and ready for the next occupant.

We are happy to take bookings and course fees for you (during the Westgate Galleria opening hours), these attract a 10% admin charge. Payments will be made to you on the day of the course or the next working day via direct bank transfer (please provide account name, sort code and account number. If you are using other methods of booking and paying please include booking arrangements clearly on your promotional material.

I would/would not like you to process bookings on my behalf. (Please delete as appropriate)								
Signed:								
Date:								
	ırn to Shoreline Partı orelinepartners1@gn	ners, Westgate Galleria, 2 nail.com.	9 Station Road, Wes	stgate-on-Sea, CT8				
	<i>ine Partners use only</i> aken by Shoreline Part	eners (Westgate Galleria)						
Date:	Name	Tele. No.	Amount Paid	Payment Type				
Total course fees taken:		:	£					
Less commission at 10%		:	£					
Amount pa	id to Course Convenor	r	£					