



EAST GRINSTEAD TOWN COUNCIL

APPLICATION FOR HIRE OF EAST COURT MANSION

In order for the application to be considered a 50% deposit must accompany this form and late bookings need to be paid in full. For details of the balance please see Condition 4. Cheques should be made payable to East Grinstead Town Council.

Name:.....

Organisation: (if applicable).....

Address:

..... Post Code:

Telephone Numbers Work:

Home:.....

Mobile:.....

E-mail address:.....

ROOM(S) REQUIRED:

MAIN HALL

CRANSTON SUITE

COUNCIL CHAMBER

Type of Function:.....

Date(s) of Function:.....

..... (continue on separate sheet if necessary)

Number of people expected to attend:

Do you require tea/coffee? (if YES charges available on request)

Start of booking

Start of function

End of function (latest finish time 11:30pm, guests to vacate by Midnight)

End of clearing up (premises must be cleared by 12:30am)

Do you require a pay bar? (if YES please refer to Condition 12)

Are you providing your own alcohol?..... (If YES please refer to Condition 12)

Do you require the Large Kitchen? (If YES please refer to Condition 11)

(Please note free use of the small serving kitchen attached to the Main Hall is available to all hirers)

Are you employing a Professional Caterer? (If YES please refer to Condition 11)

Name of Caterer (if applicable).....

Account to be sent to, if different from above:

Name:.....

Address

PTO →

IMPORTANT: Please read the attached conditions and regulations before signing as it may affect your legal rights.

DECLARATION

I note that this Application does not in itself constitute any Agreement, but agree that when written notification of acceptance has been received this application and such acceptance shall constitute the legal contract of hiring between East Grinstead Town Council and myself and organisation on whose behalf I am officially authorised to make the hiring.

I confirm that I have received the Council’s Conditions of Use and Hire and have read and understood them and a copy of the Official Scale of Charges. I voluntarily accept the same and undertake to abide by and conform to the same in the event of this application being granted.

I am over 18 years of age.

Signature of applicant:..... Date:

Print name

BANK DETAILS – to enable us to return the damages deposit by BACS – if applicable.

Bank Name.....

Sort Code.....Account number

Office Use Only:

Deposit	Amount/Receipt			
Deposit	Additional			
Pay Bar	Date arranged/confirmed			
Caterer	Date liability received			
Final Invoice Sent	Date/Invoice No.			
Final Invoice	Amount/Due Date			
Final Invoice Received	Date			
Damages Deposit Received	Date			
Damages Reimbursed	Date /Amount			
Final Appointment	Date			
Layout Received	Date			
Additional Information				

