



EAST GRINSTEAD TOWN COUNCIL
APPLICATION FOR HIRE OF MERIDIAN HALL

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.

Names of persons:

Organisation: (if applicable)

Address:

..... Post Code:

Telephone Numbers Work:

Home:

Mobile:

E-mail address:

Type of Function:

Date(s) of Function:

.....

Number of people expected to attend:

Start of booking(to include all preparation time)

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 cash pay bar? (If YES please refer to Condition 12)

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

Is the kitchen required?(If YES please refer to Condition 11)

(If No please note that the kitchen will be locked with no access to the bar)

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

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

Do you require the ceiling voile? (If YES, charges available on request)

Account to be sent to, if different from above:

Name:

Address:

..... Post Code:

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			

