HETTON TOWN TRUST, THE HETTON CENTRE

APPLICATION FOR HIRE & USE OF MEETING ROOMS

Aug 2007

NAME OF HIRER :	
ADDRESS : **PHONE & FAX NUMBERS:**	
CLUB / ORGANISATION NAME:	
DATE & TIME OF EVENT:	
COURSE / MEETING TITLE::	
PLEASE INDICATE WHICH ROOM IS REQUIRED & NUMBERS ATTENDING: **MEETING ROOM 1 :** **Capacity 20 seated** **MEETING ROOM 2 :** **Capacity 8 seated**	
SET-UP / GENERAL COMMENTS: **BOARD ROOM STYLE:** **THEATRE STYLE :** **CHAIRS ONLY**: **SCREEN REQUIRED:** **FLIP CHART REQUIRED :** **TEA, COFFEE & BISCUITS:** **ON ARRIVAL / AM / PM BOTH SESSIONS**	
HIRE CHARGES:	£ room hire £ refreshments £ INVOICE NUMBER:

HIRER'S SIGNATURE…….. DATE…….

STAFF SIGNATURE…….. DATE…….

THIS FORM TO BE RETURNED TO BOOKINGS OFFICER, THE HETTON CENTRE, WELFARE ROAD, HETTON DH5 9NE
TELEPHONE 0191 553 6628 / ENQUIRIES VIA BAR (EVENINGS) 0191 5536789

FOR OFFICE USE ONLY:

	DATE	STAFF SIGNATURE
INVOICE SENT		
PAYMENT RECEIVED		

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