

**KINGSBARNs MEMORIAL HALL
BOOKING FORM**

Facilities required	
Date(s)	Times

Booking information		
Name & age		
Address		
Name of group/organisation		
Name of responsible adult and age if different from above		
Invoice to (if different from above)		
Tel no/email		

Let information	
Purpose of let	
Max. number of attendees	
License applied for?	
Music type if involved?	

Charges	
Deposit	£
Hourly rate	£
Number of hours	£
Breakages/losses	£
TOTAL CHARGE	£

I accept this booking under the conditions of let (attached)

Signature: (lessee).....Date:.....

Signature of booking secretary.....Date:.....