

# Function/Room Hire Booking



Hire Type

Date of Booking

Conference

Function

Company Name (If Applicable.) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Invoice Address if different from above: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Do you require an extension to licensing hours: \_\_\_\_\_

Arrival Time of Guests: \_\_\_\_\_ Number of Guests (Approx): \_\_\_\_\_

Room Layout: \_\_\_\_\_

Catering Required: \_\_\_\_\_

Food \_\_\_\_\_ to \_\_\_\_\_

Food Option: Hot Buffet

Cold Buffet

Not Required

Tea and Coffee Option: Yes

No

Allergies: \_\_\_\_\_

**Office Use:**

**Please Note:** A 50% NON-REFUNDABLE DEPOSIT MUST BE PAID TO SECURE YOUR BOOKING.

Room Hire Total: £ \_\_\_\_\_

Catering Total: £ \_\_\_\_\_ 50% Deposit Due: £ \_\_\_\_\_ Staff Sign & Date: \_\_\_\_\_

Entertainment Total: £ \_\_\_\_\_

Damages Bond (Cash Payment): £ \_\_\_\_\_ Balance Due: £ \_\_\_\_\_ Staff Sign/Date: \_\_\_\_\_

(Damages Bond not applicable for conferences)

TOTAL COST: £ \_\_\_\_\_ Damages Bond: £ \_\_\_\_\_ Staff Sign/Date: \_\_\_\_\_

**Please Note:** BALANCE TO BE PAID 4 WEEKS PRIOR TO YOUR BOOKING

DAMAGES BOND TO BE PAID IN **CASH** 2 WEEKS PRIOR TO YOUR BOOKING

**I HAVE READ, UNDERSTOOD, AND AGREED TO THE TERMS AND CONDITIONS**

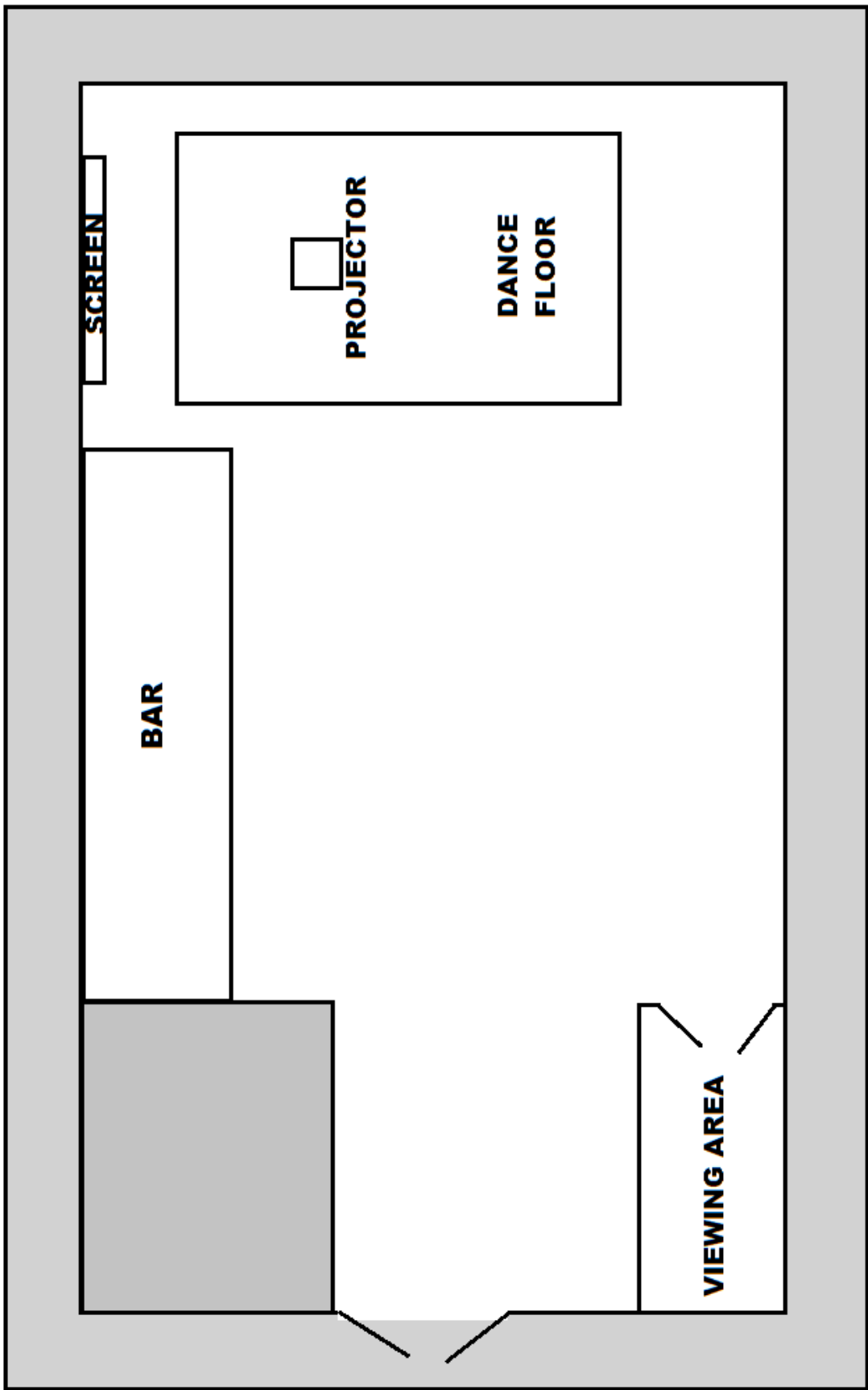
**SET OUT BY KINGS ROCHESTER SPORTS CENTRE.**

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Number of Chairs required: \_\_\_\_\_

Number of Tables required: \_\_\_\_\_

Number of buffet tables required: \_\_\_\_\_

Extra Requirements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_