

APPLICATION FORM FOR LAB BOOKING

NB: Cancellations without 48hrs notice will be charged at 25% of total fee.

Name of Applicant
PLEASE USE CAPITAL LETTERS

Address
..... Post code:

Tel. No. (Day) Tel. No. (Eve)
.....

Fax: E-mail:

The room is available for hire for private meetings for societies, group organisations in or associated with the borough, or for public meetings sponsored by the council.

Date Required: From To Total Days:

Time required: From..... To..... Total Hours:

Briefly state the purpose for which the room will be required:

.....
.....

Please state any preferences for the layout of tables in the room:

.....
.....

Do you require any resources (i.e. Laptops, overhead projectors, etc?)

Yes No

If yes, please give details:

.....
.....

Anticipate number in attendance (kindly indicate if any of the attendants have special needs):

.....

.....
APPLICANT SIGNATURE

.....
DATE

For Office Use Only

Date received _____

Accepted _____

Applicant Informed _____

Amount _____

Till Roll Number _____

Date _____