Gaskell Memoríal Hall Emesgate Lane, Sílverdale, Lancs. LA5 ORA



bookingsgaskellhall@gmail.com secretarygaskellhall@gmail.com <u>gaskelltreasurer@outlook.com</u>

gaskellhall-sílverdale.co.uk

REGULAR USERS HIRE AGREEMENT

The Hirer	Name:	
	Organisation (if applicable):	
	Address:	
	Postcode:	
	Telephone Number:	
	Email:	
Purpose of Hire		
Frequency of Hire	Which Day / Days of the week do you require?	
	Start Time Finish Time	
	(Please note the above times should allow for setting up and clearing away.)	
	Please provide us with any holiday dates, otherwise you will be charged for sessions.	
	Final agreements will be discussed in detail with the bookings secretary	
Entry to hall	Do you have a key FOB to the hall? Y / N	
	If Yes please state how many and who has the fob/s	
Hall Usage	Which areas of the hall will you require?	
	Main Hall includes Rigby Kitchen and Stage	
	Green Room includes Green Room Kitchen	
	Whole Building	
Sale of Alcohol	Will you be selling Alcohol at any of your sessions? Y / N	
	If so give details	
Sound and Viewel	Have you read the Hire Conditions section on alcohol? Y / N	
Sound and Visual	Do you require access to the Sound System? Y / N	
System	Do you require the Microphone? Y / N	

Ceiling Lights	Do you wish to use the coloured ceiling lights? Y / N
	Do you need instruction on the coloured ceiling lights? Y / N
Additional Equipment	Check Tablecloths: £20 hire Y / N
	White Tablecloths: Price on Application Y / N
	Plates: FOC Y / N
	Cutlery: FOC Y / N
	Beer Pump: £ 15 Y / N
	Glass Hire: £10 Y / N
Additional Information	Please use this space to provide and useful information about your usage:

Information of Responsible person if not same as The Hirer above.	Name: Email:	Tel:
Information of person paying the invoice if not same as The Hirer	Name: Email:	Tel:

PAYMENT - I wish to: Pay by cheque (payable to the 'Gaskell Memorial Hall ')

Pay by BACCS

Payment due will be due on receipt of invoice.

I / we agree to be bound by the Conditions of Hire and Covid Risk Assessment, which I have read and I, or the nominated person, will be present during the period of hire.

I understand that The Gaskell Memorial Hall accept no liability for my use of the hall other than their own public liability responsibilities regarding the premises and facilities provided.

I am happy for my details to be stored by The Gaskell Memorial Hall and understand they will not be shared with 3^{rd} parties.

Signed _____

Print Name _____

Date ____/____/____

Please complete this form and email to <u>bookingsgaskellhall@gmail.com</u> or print and post to Lynn Humphrey, Gaskell Memorial Hall, Emesgate Lane, Silverdale. LA5 0RA Telephone 01524 702 185

All hirers are required to inform the Caretaker of their requirements such as layout of tables, chairs, etc. at least 7 days before the event. Caretaker –Deborah Holt - caretakergaskellhall@gmail.com - 07423 740 570.

If not informed early enough your requirements may not be able to be met.

<u>NOTE:</u> Half hours can be paid upon arrangement also please speak to our booking secretary for any special requests.

PLEASE BE AWARE THAT THIS FORM NEEDS TO BE SUBMITTED ANNUALLY