## SPORTS EVENT BOOKING FORM

Name of Club / Cor	mpany / Organisation				
Event Title / Description					
Name: Mr / Mrs / Ms / Other					
Position within organisation (e.g. Hon Secretary)					
Telephone (Office)					
Telephone (Mobile)					
Invoice Address					
Town/City					
Postcode					
Email address					
Day & Date	Facility / Room	Start Time	End Time	Fee / Hr (Net	) Subtotal
				Net Total	
				VAT	
				Total Invoice	
Event Requirer	ments quirements (equipr	mont layout ligh	ating otal		
		, ,			
Please note that th	he booking times inclu	de set-up and brea	k-down time and t	that this work must b	be done by the hirer
Staffing requiren	nents (if any)				
Anv catering regu	irements must be a	rranged directly v	ia Events Dept. o	ontact <b>Julia Metzr</b>	ner on <b>0208 299 928</b>
Any catering requirements must be arranged directly via Events Dept, contact <b>Julia Metzner</b> on <b>0208 299 9284</b>					
I have read and a	agree to the condition	ons of hire. Si	gned:		Date:
Office Use					
Booking accepted	(Sports Manager)			Date	
Priava Number		By whom		Date	
	Y/N	By whom		Date	
	Y/N	By whom		Date	
Bopoon mirorood	Y/N	By whom		Date	
Other Income	Y/N	By whom		Date	
Remarks					