

SPORTS EVENT BOOKING FORM

Name of Club/Company/Organisation					
Event Title/Descrip	otion				
Surname		First Name		Mr/Mrs/Other	
Position within org	ganisation (e.g Hon Secretary)				
Phone (Work)					
Phone (Mob)					
Invoice Address					
Town/City					
Postcode					
Email address					
Day & Date	Facility/Room	Start Time	End Time	Fee/Hr (Net)	Subtotal
				Net Total	
				VAT	
Event Requirements				Total Invoice	
Venue set-up requirements (equipment, layout, lighting etc) Please note that the booking times include set-up and break-down time and that this work must be done by the hirer					
Prease note that the booking times include set-up and break-down time and that this work must be done by the hirer					
Staffing requirments (if any)					
Any catering requirements must be arranged directly via Events Dept, contact Julias Metzner on 0208 299 9284					
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I have read and ag	ree to the conditions of hire. Si	gned		Date:	
For office use of	nly				
Booking accepted (Sports Manager)				Date:	
booking accepted (sports Manager)				Date.	
EP Number		By whom		Date:	
Added to EP log	Y/N	By whom		Date:	
Licence Issued	Y/N	By whom		Date:	\vdash
Deposit Invoiced	Y/N	By whom		Date:	\vdash
Other Income	Y/N	By whom		Date:	
Remarks					