

SPORTS EVENT BOOKING FORM

Name of Club / Company / 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 Requirements

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

Staffing requirements (if any)

Any catering requirements must be arranged directly via Events Dept, contact **Julia Metzner** on **0208 299 9284**

I have read and agree to the conditions of hire.

Signed:

Date:

Office Use

Booking accepted (Sports Manager)		Date	
Priava Number		By whom	
Bookings Sheet	Y/N	By whom	
Licence Issued	Y/N	By whom	
Deposit Invoiced	Y/N	By whom	
Other Income	Y/N	By whom	
Remarks			