**Lyons Community Centre**

**33A Mallard Crescent**

**Caddington**

**Luton**

**Bedfordshire**

**LU1 4FG**

**Block Booking Hire Form**

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| --- |
| **TO BE COMPLETED BY THE HIRER (PLEASE COMPLETE ALL FIELDS)** |
| Name of group/ organisation |  |
| Name of hirer |  |
| Address for invoice inc postcode |  |
| Daytime Tel No. |  | Evening Tel No. |  |
| Do any members of your group have a disability? |  |

|  |
| --- |
| **DETAILS OF BLOCK BOOKING (PLEASE COMPLETE ALL FIELDS)** |
| Activity |  |
| Room required |  |
| Approx number of attendees |  |
| Day of hire |  |
| Times of hire |  |
| First date required |  |
| Number of weeks required |  |
| List of dates not required and reason (ie: term time etc.) |  |

|  |  |  |
| --- | --- | --- |
| **Does your group have the below information** | **Yes/No** | **Please provide copies to confirm your booking and enter details below**  |
| Public Liability Insurance |  |  |
| Disclosure and Barring Service (DBS) |  |  |
| Risk Assessments |  |  |
| Child Protection Policies |  |  |

**Methods of Payment:**

As per instructions on your invoices. Please read these carefully.

Please return all forms and copies of relevant documentation and retain the conditions of hire for your information.

I have received and read all the conditions of hire and abide by them. I have retained a copy for my information.

Name: .........................................................................................................

Signature: ....................................................................................................

Date: ............................................................................................................