

The Mellis Memorial Hall Booking Form

Registered Charity No. 1081393

* Indicates required field

*Name:

*Address:

.....

.....

Postcode:

*Daytime Tel No:

*Evening Tel No:

Mobile:

Email:

*Do you reside in Mellis Yes/No

*Date(s) Required:

*Times Required: Start Time..... End Time:

(Remember to include time for setting up & clearing away)

Do you wish the hearing loop to be made available for use YES/NO

I have read and agree to be bound by The Mellis Memorial Hall Terms & Conditions of Hire

*Signed