

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:

(Please remember to include time for setting up, clearing away and sanitizing if need).

Do you require use of the kitchen? (There is a one-off hire cost for this of £5.00) YES/NO

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

(Please use the tick boxes to indicate your confirmation of the following)

I have read and agree to be bound by The Mellis Memorial Hall Hire Agreement.... ☐

I have read the Covid Terms of Hire.... ☐

I agree to my contact details being held by Mellis Memorial Hall for the purposes of my hall hire.... ☐

*Signed