

# 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 Hire Agreement.

\*Signed .....