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| **DoverCrest DoverCrest** |
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| **PLEASE NOTE: COMPLETION OF THIS APPLICATION FORM DOES NOT CONSTITUTE A CONFIRMED BOOKING. UNTIL YOU RECEIVE A CONFIRMATION FROM THE TOWN COUNCIL THIS REMAINS PROVISIONAL. COMMERCIAL & SEMI-COMMERCIAL HIRERS MUST PROVIDE AN OFFICIAL PURCHASE ORDER BEFORE CONFIRMATION CAN BE SENT.**  **Please return forms to bookings@dovertowncouncil.gov.uk** |

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| **Section 1 – Details of booking** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Date Required:** | | |  | | | | | | | |  | |
|  | | | | | | | | | | |  | |
| **Timings:** | **Hire Starts:** | | | |  | | **Hire Ends:** | | |  | | |
| **(Between 09:30 – 16:30)** | | | | | | | | | | | | |
| **Room(s) Required: *(tick as appropriate)*** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Council Chamber: | |  | | Charter Room: | | | |  | Use of Kitchen area: | | |  |
|  | | | | | | | | | | | | |
| Number of attendees: | |  | | | |  | | | | | | |
|  | | | | | | | | | | | | |
| **Purpose of hire:** | | | | | | | | | | | | |
| **Seating arrangements:** | | | | | | | | | | | | |
| **Do you require use of the Projector / Screen / Flipchart? *(delete as appropriate)*** | | | | | | | | | | | | |

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| **Section 2 – Disabled Access** | | | | |
|  | | | | |
| Do you need wheelchair access via a ramp in the courtyard? | Yes |  | No |  |
|  |  |  |  |  |
| Will there be Assistance Dogs present? | Yes |  | No |  |
|  |  |  |  |  |
| Do you have any other requirements? | Yes |  | No |  |
| *(If Yes please specify below):* | | | | |

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| **Section 3 – Certification** | | | | |
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| I confirm that I have read and understand the Conditions of Hire and agree that I and all those attending will be bound by them. | | | | |
|  | | | | |
| I agree to supply all information required in the Conditions of Hire and any information which may be requested by the Town Council. | | | | |
|  | | | | |
| NAME OF CONTACT:  *(BLOCK CAPITALS)* |  | | |  |
|  |  | | |  |
| Name of Organisation: |  | | |  |
|  |  | | |  |
| ADDRESS: |  | | |  |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
| TELEPHONE: |  | Email: |  |  |
|  | | | |  |
| SIGNATURE: |  | | |  |
|  |  | | |  |
| VAT No. *(if applicable)* |  | | |  |
|  |  | | |  |
| Purchase Order Number: | *(Please enter N/A if this is not applicable)* | | | |

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| Please complete and return to: | Room Hire |
|  | Dover Town Council |
|  | Maison Dieu House |
|  | Biggin Street |
|  | Dover |
|  | Kent CT16 1DW |
|  | Telephone: 01304-242625 |
|  | Email: bookings@dovertowncouncil.gov.uk |

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| **SECTION 4 – FOR OFFICE USE ONLY:** | | | | | | | | |
|  | | | | | | | | |
| Outlook Diary Updated: | | | Yes |  | | No | |  |
|  | | | | | | | | |
| Official Purchase order received *(semi & commercial hirers only)* | | | Yes |  | | No | |  |
|  | | |  |  | |  | |  |
| Invoice for room hire sent *(semi & commercial hirers only)* | | | Yes |  | | No | |  |
|  | | | | | | | | |
| Confirmation of booking returned to hirer: | | | Yes |  | | Date |  | |
|  | | | | | | | | |
| Name of Officer: |  | Date completed: | | |  | | | |