bOOKING ENQUIRY FORM

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| **Personal Details** |  |
| Company/Organisation Name |  |
| Full name of person responsible/contact |  |
| Address(incl. postcode) |  |
| Telephone |  |
| Email |  |

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| **Event Details** |  |
| Event Title |  |
| Date(s) of Event (specify if a regular event) |  |
| Start Time |  |
| Departure Time |  |
| Room(s) required (please tick)Alcohol permit required?  | Main Hall □Wynne Room □St Valery Room □Shephard Room □Stage □ |
| Expected number of Participants |  |
| Equipment required (e.g. Audio/Visual/Tables/Catering |  |
| Induction needed? (For new users) |  |

Please note: Battle Memorial Hall will endeavor to book your event for the selected room and date. Where the timetable does not allow, the Hall Manager will contact you to arrange a suitable alternative.