

PETERSFIELD COMMUNITY CENTRE

Love Lane, Petersfield, Hampshire GU31 4BW Tel: 01730 262081

Office open Mon-Fri 9.00-12.30

email: contact@peters field community centre.org.uk

BOOKING FORM

							T	1
Name					Da	te of Hire		
On behalf of								
(if applicable)								
Address								
Email								
Address or emai	l for invoice							
If different from	above							
Tel no.				Hir fro	e time		Hire time to	
Purpose of						l ate number	ισ	
hire				'	ending	ate number		
ROOM(S) REQUIF	RED (please	tick)						
Main Hall*	Club Ro	om*	Kitchen	Commi	ttee Ro	om Exh	ibition Roor	n with galley
*If booking main Other Equipment	-		er, do you wani	t the rooms	combin	ed to make	one big hal	I? YES/NO
Do you intend to s		-	•			•	our event	YES/NO
Please contact th Centre.	e office in th	ne week be	efore your hire	date to see	whethe	er you need	to collect a	key to the
			AGREEMENT A	AND UNDERT	AKING			
I have read the Condi responsibility and ago accidents which may Association or its Cor	ree to indemni occur on the p	fy the Peters	field Community	Association ag	ainst all a	actions, costs	or claims arisir	ng out of any
Signed			Dat	te				
(Completing and retu	rning this sect	ion electroni	cally to the PCA c	confirms accep	tance of t	the Conditions	s of Hiring)	
NB: This form will be Details will be held se	_				_	f the current f	inancial year.	
PRICES and II	VOICES	to follo	W (payment to	o be made a	month	before hire	e date)	

For Office Use: Invoice Number......Paid......Paid......