

19-21 Bocking End **Braintree** Essex **CM7 9AH**

Application for Hall or Room Hire

Name of Hirer	······	Name o	of Organisation	(if Applicable)	• • • • • • • • • • • • • • • • • • • •		
	er						
Mobile:		Telepho	. Telephone				
Email:		Email	. Email				
REQUIRED F	ROOMS (Mark required room/s w	ith 'X')					
HALL	ROOM 1		ANNEXE		KITCHEN		
1 ST FLOOR							
ROOM 4	ROOM 5		ROOM 6		KITCHEN		
Purpose of H	lire:						
Date Required		Time of Hire		Numbers expected:			
Will live or r	ecorded music be played?	Yes N	o (ple	ease tick one)			
	that it is the Hirers responsibil the requirements of the Perfor			lid PRS license	if music is to I	oe played to	

Please Turn Over →

We now accept:







1376 323280



info@braintreecommunitycentre.org.uk



braintreecommunitycentre.org.uk



@BraintreeCommunityCentre



@BBCABraintree

I, the Hirer acknowledge receipt of a copy of the Terms & Conditions, which I have read and understood.						
I agree to comply with all the Terms and Conditions therein.						
I declare that I am over 21 years of age.						
Hirers Signature	Date					
Signed on behalf of BBCA	Date					

FOR OFFICE USE ONLY

A damage deposit is required when booking the hall for a private party. Providing the premises and contents are left undamaged and in a reasonable condition, the deposit will be returned within a week.

However if the hall is left in an unacceptable condition the deposit may be partially or fully forfeited. If there is damage to the premises, the Hirers may be liable for any excess over the deposit.

£

Damage Deposit

Receipt number:

Please make cheques payable to: Braintree & Bocking Community Association

We now accept:

