

**Room Hire Booking Form**

**CRAVEN DISTRICT COUNCIL**

**1 Belle Vue Square, Broughton Road, Skipton, BD23 1FJ**

**Telephone: 01756 706483**

|  |  |
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| **Contact Details:** | |
| Name |  |
| Organisation |  |
| Address |  |
| Email |  |
| Phone Number 1 |  |
| Phone Number 2 |  |

**Rooms** *(fill in relevant box)*

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|  |

Alexandra

Belle Vue Suite A

Belle Vue Suite B

Dewhurst

Glista

Staincliffe

Victoria

|  |
| --- |
| **Booking Details:** |
| Nature of booking  ***Please give details of the type of event you are holding. Attach a copy of the programme details and names of any speakers if applicable.*** |  |
| Room Access required from |  |
| Event Start Time |  |
| Event Finish Time |  |
| Room Access Required Until |  |
| Number of People Expected |  |
| Public or Private Event |  |
| Refreshments Y/N |  |
| Equipment Required Y/N please state (refer to booklet for prices)   * Projector (Staincliffe only) * TV Screen (max 2 available) can be used in all rooms * Flipchart & pens * Conference telephone |  |
| Please Provide Details of how you would like the room to be set up  Theatre style  Boardroom  Cabaret  Committee |  |

**I am Authorised by the Hirer, I agree to the terms and conditions**

**For Completion by the Council**

|  |  |
| --- | --- |
| Date of Enquiry |  |
| Amount Due |  |
| Staff Member |  |
| Date Confirmed |  |
| Hirer |  |
| Period of Hire |  |