**NEVIS CENTRE EVENT BOOKING FORM 2018**

|  |  |  |
| --- | --- | --- |
| **Contact Details** |  | **Office Use Only** |
| Name of Organisation requesting to let |  |  |
| Name of Person requesting to let |  |  |
| Position of Person in organisation requesting to let |  |  |
| Organisation Contact Name |  |  |
| Organisation Contact Address |  |  |
| Organisation Contact Email Address |  |  |
| Organisation Contact Telephone Number |  |  |

**Invoice**

|  |  |  |
| --- | --- | --- |
| Name of Person/Organisation invoices should be sent to |  |  |
| Address where invoices should be sent |  |  |
| Telephone number |  |  |
| Email address |  |  |

**Hiring Details**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | **Office use only** |
| Room Required | Main Hall  Studio 1  Studio 2  Meeting Room  Bowling  Spectrum | | | | | | |  |
| Other |  | | | | | | |  |
| Purpose for which the room is required/type of event  *(i.e.) concert, meeting, presentation, party, gathering, etc.* |  | | | | | | |  |
| Date of event |  | | | | | | |  |
| Access to room required *(please allow time for setting up and clearing up)* | From: | | | | To: | | |  |
| Event Start Time: | | | | Event Finish Time: | | |  |
| If let is for a series: | Days of the week required: | | | | | | |  |
| Mon | Tue | Wed | Thur | Fri | Sat | Sun |  |
| Commencement Date: | | | | Closing Date: | | |  |
| Estimated Number of Attendees: |  | | | | | | |  |

**Requirements**

|  |  |  |  |
| --- | --- | --- | --- |
| Room Set Up  **If possible please provide a floor plan attached to this form**  If plan not attached, please provide as much detail as possible | | | **Office Use Only** |
| Floor Plan Attached | Floor Plan not attached (details below, can be discussed with centre manager) | |  |
| Is catering required? | Yes (please check)  Tea/Coffee  Food  Bar | No |  |
| If yes, please provide details  (can be discussed with centre manager) |  | |  |
| Is a late license needed? | Yes  Details: | No |  |
| Technical Requirements  *(i.e. sound, lighting, wifi, etc.)* |  | |  |
| Any other special requirements |  | |  |

|  |  |
| --- | --- |
| Person responsible for booking | Nevis Centre Management |
| Print Name: | Print Name: |
| Signed: | Signed: |
| Date: | Date: |

Please return this form to [danny@neviscentre.co.uk](mailto:danny@neviscentre.co.uk)

Or send to Nevis Centre, An Aird, Fort William, PH33 6AN.