**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? | [ ]  YesDetails: | [ ]  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

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