



Mary Beale Community Room Hire Booking

Name of Hiring Organisation: _____

No. of Expected Attendees: _____

Day & Date: _____

Start/End Time: _____

Hours Used: _____

Contact details

Name: _____

Address: _____

Email: _____

Telephone: _____

Signed: _____

Date: _____

CRCB Use Only

Cost per Hour:

Total Hire Cost:

PLEASE LEAVE THE ROOM IN THE SAME CONDITION YOU FOUND IT