FROME TOWN COUNCIL

HIRING FORM FOR THE ELLIOTT BUILDING

RATES FOR CHARITIES AND LOCAL ORGANISATIONS

Name of Organisation …………………………………………………………………………………………….

Name of Person Hiring …………………………………………………………………………………………..

Address …………………………………………………………………………………………………………………

Telephone ………………………………………………… Mobile …………………………………

Email …………………………………………………………………………………………………………………….

Date of Hiring …………………………………..

Purpose ………………………………………………………………………………………………………………..

PLEASE TICK YOUR REQUIREMENTS

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| --- | --- | --- | --- | --- |
| ELLIOTT BUILDING | SESSION TIME | RATE | PLEASE TICK  REQUIRED SESSION | notes |
| Morning | 9.00 am – 12.00 pm (or part) | £20 |  |  |
| Afternoon | 1.00 pm – 4.00 pm (or part) | £20 |  |  |
| Evening | 6.00 pm – 9.00 pm | £20 |  | Name of Councillor/staff attending |
| ALL DAY | 9.00 am – 4.00 pm | £45 |  |  |
| Wi Fi and Kitchen | Per session | £5 |  | Wi fi code to be provided |
| Refundable cleaning deposit |  | £10 |  |  |
| TOTAL  COST OF  HIRING |  |  |  |  |

We are pleased to offer wi fi, and you are welcome to use the kitchen facilities including crockery, tea urn and fridge all for £5 a session. Please provide your own tea and biscuits!

I have read, understand, and will comply with the conditions and scale of charges.

I enclose payment in full of £……………………… plus a damage/cleaning deposit of £10.

This will be returned when the building has been inspected after the hire providing there is no damage or cleaning required.

The booking will remain provisional until the form and full payment are received.

Payment must be received at least 5 working days before the booking

ALL REFUSE MUST BE TAKEN AWAY WITH YOU.

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| S:\CENTRAL DATA (S)\General & Office Administration\SMOKING LOGO.jpg  PLEASE NOTE THAT THE TOWN COUNCIL OPERATES A NO SMOKING POLICY IN THE ELLIOTT BUILDING WHICH MUST BE UPHELD BY THE HIRER |

Preferred payment by BACS to FROME TOWN COUNCIL Account 24929968 Sort code 309913 or

by cheque made payable to ‘FROME TOWN COUNCIL’.

I AGREE TO INDEMNIFY FROME TOWN COUNCIL AGAINST ANY LIABILITY IT INCURS FROM ANY INCIDENTS ARISING OUT OF THE HIRING OF THE ELLIOTT BUILDING BY GIVING DUE CONSIDERATION TO ANY INSURANCE WHICH MAY BE REQUIRED.

I CONFIRM THAT I HAVE READ, UNDERSTOOD AND ACCEPTED THE CONDITIONS OF HIRE.

Signed ………………………………… Dated ……………………………………..

WHEN COMPLETED THIS FORM AND PAYMENT SHOULD BE RETURNED TO

Hannah Paniccia, Frome Town Council, 5 Palmer Street, Frome BA11 1DS

Tel: 01373 475572

OR

Emailed to panicciah@frometowncouncil.gov.uk