|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please complete this form and send it to the Bookings Secretary**  **(Preferably at least 2 weeks before your meeting):** [stpaulsbookings@gmail.com](mailto:stpaulsbookings@gmail.com)  *Responsibility for the management of St Paul’s Methodist Centre lies with the Managing Trustees Group. Bookings are administered on behalf of the group by the Bookings Secretary.* | | | | | |
| **Name of Organisation**  *(Include Charity no if applicable)* | | Click or tap here to enter text. | | | |
| **Dates(s) Required** | | Click or tap here to enter text. | | | |
| **Time** *(Including set up / clear away)* | | **From** | **To** | | |
| Click or tap here to enter text. | Click or tap here to enter text. | | |
| **Time of Meeting** | | **From** | **To** | | |
| Click or tap here to enter text. | Click or tap here to enter text. | | |
| **Purpose of Meeting** | | Click or tap here to enter text. | | | |
| **Room(s) Required** *(Please Tick)* | | **Is this likely to be a regular booking?** | | **Y** | **N** |
| **Main Hall** |  | **If so, please indicate frequency** | |  |  |
| **Lounge** |  | **Weekly** | |  |  |
| **Octagon** (*restricted)* |  | **Monthly** | |  |  |
| **Room 2** |  | **Other** *(Please Specify)* | |  |  |
| **Room 3** |  | Click or tap here to enter text. | | | |
| **Kitchen** |  |
| **Concourse** |  |
| *I have read the page* ***‘Room Hire at St Paul’s’*** *including prices, arrangements for picking up keys and General Regulations including Emergency Procedures on the website:* [*www.ceredigionmethodists.org*](http://www.ceredigionmethodists.org)*.uk and agree that if our application is successful our organisation will abide by these.*  **Where possible - All groups should provide a copy of their Covid Risk Assessment for the room they wish to use.** | | | | | |
|  | | | | | |
| **Signed** | | Click or tap here to enter text. | | | |
| **Position in Organisation** | | Click or tap here to enter text. | | | |
| **Contact Address** | | Click or tap here to enter text. | | | |
| **Phone Number** | | Click or tap here to enter text. | | | |
| **Email** | | Click or tap here to enter text. | | | |
| **Name and Contact Details for invoice – *if different from above*** | | Click or tap here to enter text. | | | |
| **Date of Agreement** | | Click or tap here to enter text. | | | |