**Booking form for Library Premises**

**Your details**

**Name of individual responsible for hire (in BLOCK capitals):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organisation (if relevant):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of organisation (please tick one):**

Charitable and voluntary organisation\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Charity Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commercial organisation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Statutory organisation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Indivdual\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Postcode**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**About your booking**

**Space required:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What will you be using the space for?**

**PLEASE COMPLETE THE FOLLOWING SECTIONS AFTER CHECKING AVAILABILITY WITH A MEMBER OF LIBRARY STAFF:**

**Dates and times:** Please provide a list below of dates and times that you wish to book the space for. For ongoing regular hirers, please enter a start and end date (up to a maximum of 12 months) during which this agreement applies to all of your bookings. (see clause 23)

**Equipment and refreshments.** If you require any additional equipment such as flip chart, projector, screen, PA system, television – or if you require refreshments – please speak to the library manager who will advise you regarding availability and any additional charges.

**Public Liability Insurance.** Hirers must have valid public liability insurance cover in place to cover their activities. Private hirers may have this cover under their household insurance. Please provide details below.

Insurance company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note, your liability will not be protected by Suffolk Libraries’ public liability insurance. Therefore if your negligence results in injury to somebody or damage to property during the course of your booking, you will need to have public liability insurance in place to protect you. If you do not have cover in place, Suffolk Libraries reserves the right to decline your booking request.

**Cost calculation (TO BE COMPLETED BY LIBRARY STAFF)**

|  |  |  |
| --- | --- | --- |
| **Element** | **Rate / calculation** | **Charge** |
| Room Hire: |  |  |
| Equipment: |  |  |
| Refreshments: |  |  |
| Discount (if applicable) |  |  |
| Total: |  |  |

**Agreed additional terms of hire where relevant** in addition to general terms and conditions.

**(TO BE COMPLETED BY LIBRARY STAFF)**

DECLARATION

*I have read and understood the Conditions of Use (including the cancellation fees) attached and agree to observe and be bound by them.*

Signature of hirer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position in organisation (if relevant)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment**

Total amount due\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment method (please tick): Cash\_\_\_\_\_ Cheque \_\_\_\_\_ Card\_\_\_\_\_

(Please make cheques payable to Suffolk’s Libraries IPS Ltd)

Total paid:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Suffolk’s Libraries IPS Ltd Authorised Officer: Ursula Scott.

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Suffolk’s Libraries IPS Ltd: VAT Reg. No. 134918209*

**FOR OFFICE USE ONLY RECEIPT NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If payment made at Service Point:

Amount paid £\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount paid £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount paid £\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount paid £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**If account issued:**

**Account: value £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Issued by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**