

## Room Booking Form

This agreement is made on (date) \_\_\_\_\_, between the Deafness Resource Centre, and the Hirer named below, in consideration of the sum(s) mentioned in section 5 below.

A. **The Deafness Resource Centre** agrees to permit the Hirer to use that part of the premises designated in sections 3 and 4 for the purpose(s), period(s) and at the fee described below:

1. *Purpose of Hiring* \_\_\_\_\_

2. *Period of Hiring*  
*Date(s)* \_\_\_\_\_

*Time* from \_\_\_\_\_ to \_\_\_\_\_

3. *Room(s)* \_\_\_\_\_

4. *Other Facilities (eg kitchen)* \_\_\_\_\_

5. *Catering* \_\_\_\_\_

6. Equipment (please circle)

Digital Projector	Overhead Projector	Flipchart	Screen
Computers	Radio/Cassette	TV/Video	Other _____

7. *Room Hire Fee* £ \_\_\_\_\_

*Additional Costs* inc equipment / catering £ \_\_\_\_\_

Total £ \_\_\_\_\_

8. *Signed on Behalf of the Centre:* \_\_\_\_\_ *Date:* \_\_\_\_\_

B. **The Hirer** agrees to observe and perform the provisions and stipulations contained or referred to in the Centre's Conditions of Hire (attached).

1. *Hirer's Details*  
Organisation Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact No: (Voice / Text / Fax / Email / SMS) \_\_\_\_\_

Address: \_\_\_\_\_ Post Code \_\_\_\_\_

Signed on Behalf of the Hirer: \_\_\_\_\_ *Date:* \_\_\_\_\_

Please return **with the Room Hire Contract** to the Deafness Resource Centre, 32-40 Dentons Green Lane, St Helens, WA10 2QB, Tel: 01744 23887, Fax: 01744 611540.

Thank you.