

# FORMAN MEMORIAL HALL

## BOOKING FORM

Name of Hirer .....

Organisation  
(if applicable) .....

Address .....

..... Post Code .....

Telephone .....

Email .....

Purpose of Let .....

Type of use  Non-commercial  Commercial

Date(s) of Let .....

.....

Start time ..... Finish time (to include clearing up) .....

Requirements  Main Hall  Small Hall  
 Verandah  Kitchen

I agree to the Terms and Conditions of let and confirm I have or do not need the following licences:

*(Please tick the licences you have and leave blank if not required. Copies of all licenses should be returned along with the Booking Form)*

Liquor Licence  Public Entertainment  
 Theatre  Commercial Trading  
 PRS for Music and/or PPL UK Music Licences  
 Public Liability Insurance

Signature of Hirer .....

Date .....

Please return along with any deposit required to:  
*(Cheques made payable to Forman Memorial Hall)*

**The Caretaker  
Forman Memorial Hall  
Roberton  
Hawick TD9 7LX**