



TRINITY CENTRE

contact@trinityringwood.co.uk
www.trinityringwood.co.uk

BOOKING FORM

53 Christchurch Rd
Ringwood
BH24 1DH

Welcome to Trinity Centre, part of Trinity United Church. We hope that we will be able to accommodate your booking in our busy schedule. Please contact the Centre office for any enquiries re room availability, rates of hire, or any information that you require. Please complete this form as thoroughly as possible. Thank you.

Your Details *(Details of the person making the booking)*

| | | | |
|--------------|---------------------|--|--|
| Name | | | |
| Organisation | | | |
| Address | | | |
| Post Code | Telephone Number(s) | | |
| Email | | | |

Booking Details

| | | | |
|--|---|--|--|
| Start Date | | End Date | |
| Start Time <i>(including Setup)</i> | | Finish Time <i>(including Pack-down)</i> | |
| Frequency Of Booking | <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> One Off <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: | | |
| Rooms Required | <input type="checkbox"/> Trinity Hall <input type="checkbox"/> Trinity Room 1 & 2 <input type="checkbox"/> Trinity Church <input type="checkbox"/> Trinity Foyer <input type="checkbox"/> Trinity Group Room <input type="checkbox"/> Trinity Vestry | | |
| Other Requirements | <input type="checkbox"/> Kitchen <input type="checkbox"/> Flipchart <input type="checkbox"/> Other: <input type="checkbox"/> OHP | | |
| Nature of Use <i>(Give a brief description of intended activity)</i> | | | |
| Age Range of Participants | Max No. of Participants | No. of Adult Supervisors | |
| Liability Insurance | Does your event/organisation have liability cover? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Responsible Person

The person leading your activity who will be responsible for ensuring fire & safeguarding procedures are followed

| | | | |
|---------|--|--------------|--|
| Name | | Organisation | |
| Address | | Telephone | |

Invoicing Details

| | | | |
|-------------------------------------|---|--|--|
| As 'Your Details' Above? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please give details of who to invoice below)</i> | | |
| Name | | | |
| Organisation | | | |
| Address | | | |
| Post Code | Telephone Number(s) | | |
| Email | | | |
| Order No./Authorisation code or No. | | | |

Bookings are invoiced at the end of each calendar month and should be paid within 30 days.

Declaration

I have read and understood the accompanying information 'Fire Emergency Plan for Hirers' and 'Home Office Code of Practice *Safe from Harm* Guidelines' with regards to safeguarding and agree to the conditions of hire. GDPR: Please see our website as above for our *Data Protection Policy*.

Signature

Print Name

Date