**CYNGOR TREF PONTARDDULAIS TOWN COUNCIL**

Mechanics Institute

45 Stryd Sant Teilo, Pontarddulais, ABERTAWE SA4 8SY

45 St Teilo Street, Pontardulais, SWANSEA SA4 8SY

**HIRE OF FACILITIES BOOKING FORM**

\*Please complete the appropriate fields

|  |  |  |
| --- | --- | --- |
| Required on: | Day: | Date: |
| Repeat bookings | *Please include start date and frequency including any breaks* |  |
| Facility: | *Please indicate room layout and number of tables and chairs if required*Main Hall |  |
|  | Meeting Room 1 |  |
|  | Meeting Room 3 |  |
|  | Meeting Room 5 (2nd Floor Attic)*Please note this room is only bookable after discussion and agreement with the Clerk to the Council.* |  |
| Start time: |  |  |
| End Time: |  |  |
| Purpose of hire: |  |

|  |  |
| --- | --- |
| Organisation/Customer Name: |  |

|  |  |
| --- | --- |
| Title: |  |
| Forename: |  |
| Last name: |  |
| **ADDRESS** |
| No. & Road: |  |
| Locality: |  |
| Town: |  |
| County: |  |
| Home telephone: |  |
| Mobile: |  |
| Email: |  |

**Additional Requirements (please tick):**

|  |  |  |  |
| --- | --- | --- | --- |
| Use of kitchen |  | Sound system |  |
| Microphone |  | Display screens |  |

*The Council reserves the right to refuse hire and the decision of the Council is final. The Council reserves the right to impose certain conditions upon the granting of hire of the facility e.g. production of liability insurance. Following the handover of the facility to the hirer, the hirer is responsible for the safety, wellbeing and behaviour of guests/visitors and the general public.*

**Invoice details if different to above**

|  |  |
| --- | --- |
| Title: |  |
| Forename: |  |
| Last name: |  |
| **ADDRESS** |
| No. & Road: |  |
| Locality: |  |
| Town: |  |
| County: |  |
| Home telephone: |  |
| Mobile: |  |
| Email: |  |

**DECLARATION**

I hereby certify that I have today been issued with a copy of the Hire of Hall Policy for The Mechanics Institute, 45 St Teilo Street, Pontarddulais and declare that I will observe these conditions to the best of my ability.

 **HIRER**

|  |  |  |  |
| --- | --- | --- | --- |
| **Print Name:** |  | **Signature:** |  |

|  |  |
| --- | --- |
| **Date:** |  |

|  |  |  |
| --- | --- | --- |
| Council Authorisation |  |  |
| Approved by |  | Date: |  |

Invoices will be sent via email and payment is due 14 days from invoice date. The preferred method of payment is via bank transfer.

Please contact the Clerk to the Council or Caretaker should you have any queries.