

# Beacon Hall

# Peasedown St John Community Association

Beacon Hall, French Close, Peasedown St John, Bath BA2 8SN  
Tel:- 01761-434983

## Beacon Hall Booking Form

<b>OFFICIAL USE ONLY</b>	
BOOKING / CONTRACT NO .....	Invoice No (if different) .....
Booking taken by .....	Date of Booking .....

<u>Date Of Hire</u>	<u>Time</u>	<u>Rent Rate</u>	<u>Rental Total</u>	<u>Special Requests</u>
<u>Bar Wanted</u>	<u>Crockery</u>	<u>Refreshments</u>	<u>Charges Total</u>	<b>INVOICE TOTAL</b>

### Accommodation Required

Main Hall	Y/N	Lounge	Y/N	Kitchen	Y/N	Bar / Tea Room	Y/N
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**NB: Beacon Hall Management reserves the right to change offered accommodation to meet legal or other requirements**

Client Name : .....

Organisation (if applicable): .....

Address: .....

Post Code : .....

Tel No: .....

### TYPE OF FUNCTION

<b>Children</b>	Christening	Birthday	Age Range	1 - 4	5 - 8	9 - 12
Other (please specify) .....						
<b>Adult</b>	Birthday	Retirement	Wedding Reception	Wedding Anniversary		
Other (please specify) .....						
<b>Others</b>	Sales Promotion	Fund-raising	Public Service			
Staff Meeting		Other (please specify) .....				

### ENTERTAINMENT / CATERING SERVICES TO BE EMPLOYED BY THE HIRER:

Disco (Adults)	Disco (Children's)	Clown	Magician
Live Band / Group	Own Music	Bouncy Castle	Sportsvan
Other (please specify) .....			
Self Cater	Caterer	Own Bar	Outside Bar

### PAYMENTS ENCLOSED (if applicable)

Rental	Other Dues	Total Due
Amount	Amount	Amount
£	£	£
Cash / Cheque	Cash / Cheque	Cash / Cheque

AS THE HIRER OF BEACON HALL AS SPECIFIED ABOVE, I HERBY ACCEPT THE HALL'S GENERAL TERMS AND CONDITIONS, AND ACKNOWLEDGE MY RESPONSIBILITIES UNDER THE APPLICABLE LICENSING AND HEALTH & SAFETY ACTS, COPIES OF WHICH HAVE BEEN SUPPLIED OR MADE AVAILABLE TO ME.

Signature ..... Date .....

Name In Block Capitals .....