

**9 Swan Street, Brechin. DD9 6EE bookings.brechincityhall@gmail.com Mob: 07889-792209**

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Application for the Hire of Brechin City Hall

**PROVISIONAL BOOKINGS CANNOT BE ACCEPTED**

**All** relevant information regarding the booking must be supplied on this form.

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**DETAILS OF APPLICANT**

|  |  |
| --- | --- |
| Name: |  |
| Address:  Postcode: |  |
| Tel. daytime:  evening: |  |
| Email: |  |
| On behalf of:  (Is your Organisation run on a Commercial / Professional or For Profit Basis?) |  |
| Type of event or use:  (Please provide as much detail as possible) |  |
| Approx. numbers  in attendance: |  |
| If show, please name performance:  (copy of programme content must be submitted prior to the performance for PRS purposes) |  |

Details of person to be in attendance during the hire and responsible for supervision

(if different from the applicant)

|  |  |
| --- | --- |
| Full name: |  |
| Address:  Postcode: |  |
| Tel. daytime:  evening: |  |

**DETAILS OF HIRE REQUIREMENTS**

|  |  |
| --- | --- |
| Areas required  (tick as applicable) ✓ | Main Hall Lesser Hall   Dressing Rooms Stage   Kitchen  |
| Day(s) / Date(s): |  |
| Times:  **(including preparation and dismantling)** |  |
| Details of Licensee:  **(if applicable):** |  |

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**OTHER REQUIREMENTS**

Please detail any additional facilities / equipment which may be required: (e.g. tables / chairs etc.)

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**DOCUMENTATION**

Do you have a Protection of Children and Vulnerable Persons Policy?: **Yes / No / Not Applicable**

Please provide a copy of the following documentation where applicable:

* Public Liability Insurance Certificate (minimum cover £5m)
* PAT Testing Certificate
* Risk Assessment

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**PREPARATION & DISMANTLING**

Please note that booking time includes preparation and dismantling time. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLARATION**

I hereby apply for facilities detailed above in accordance with the scales of charges and conditions will be observed and the charges paid on demand. I have read the Pricing and Letting Policy and agree to be bound by them.

I agree not to infringe any copyright within the entertainments I am promoting and to also undertake to make appropriate payments to the Performing Rights Society Limited for any performance.

I have read and agree to the terms of this declaration 

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| --- | --- |
| Signed: |  |
| Date: |  |

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**COMPLETION AND RETURN OF THIS FORM DOES NOT GUARANTEE BOOKING**

**BOOKING IS ONLY ACCEPTED ON RECEIPT OF CONFIRMATION.**

**MANAGEMENT RESERVE THE RIGHT TO CANCEL BOOKINGS AT ANY TIME.**

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| --- | --- |
| Please return this completed form by email to: | bookings.brechincityhall@gmail.com |
| or in hard copy to: | 9 Swan Street, Brechin. DD9 6EE |
| or for further information or assistance contact Gordon Smith on: | Mob: 07889-792209 |