

Board Room Booking Form



Company Name:

Address:

Contact Name:

Telephone No.

E-mail:

Details of Let:

Requirement of Let ie. board meeting, training:

Date of Let:

Day:

Time of Let - From:

To:

No. of People Expected:

Do you require tea/coffee facilities? (No charge)

Do you require a flipchart?

Do you require an overhead projector?

Do you require a cold buffet?

Do you require scones/muffins?

Hire charge for the Board Room

	Yes	No	Quantity	Cost
	<input type="checkbox"/>	<input type="checkbox"/>	_____ x £15.00 to use & keep	£ _____
	<input type="checkbox"/>	<input type="checkbox"/>	_____ x £5.00 per let	£ _____
	<input type="checkbox"/>	<input type="checkbox"/>	_____ x £5.75 per head	£ _____
	<input type="checkbox"/>	<input type="checkbox"/>	_____ x £1.00 per head	£ _____
			_____ x £20.00 p/h part hr to max. of £100.00	£ _____

Any other details? _____

Total £ _____



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www.clydebank-ha.org.uk



We will invoice you for the full amount directly after the let. Payment is required within 30 days. If permission is granted for the use of the Board Room, my organisation hereby accepts all the Terms and Conditions of Let. The person signing below for and on behalf of the client warrants the Association that they have the authority to do so - failing this, they will be personally liable.

Signed:

Name and Position: