

# 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:	Yes	No	Quantity	Cost
Do you require tea/coffee facilities? (No charge)	<input type="checkbox"/>	<input type="checkbox"/>		
Do you require a flipchart?	<input type="checkbox"/>	<input type="checkbox"/>	_____ x £15.00 to use & keep	£ _____
Do you require a cold buffet?	<input type="checkbox"/>	<input type="checkbox"/>	_____ x approx. £7.50 per head *	£ _____
Do you require scones/muffins?	<input type="checkbox"/>	<input type="checkbox"/>	_____ x £1.00 per head	£ _____
Hire charge for the Board Room			_____ x £20.00 p/h part hr to max. of £100.00	£ _____
<b>Any other details?</b> _____				<b>Total</b> £ _____



**Clydebank Housing Association Ltd**  
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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. \* provided by an external company

**Signed:** \_\_\_\_\_

**Name and Position:** \_\_\_\_\_