

# The Strand Room Booking Form



Name:	<input type="text"/>	Position:	<input type="text"/>
Organisation:	<input type="text"/>	Organisation type:	<input type="text"/>
Invoice Address:	<input type="text"/>		
Email:	<input type="text"/>	Telephone:	<input type="text"/>
CVS Member?	<input type="text"/>	Charity No.:	<input type="text"/>
Date of Event:	<input type="text"/>	Signage for Event:	<input type="text"/>
Set Up Time:	<input type="text"/>	Set Down Time:	<input type="text"/>
Event Time From:	<input type="text"/>	Event Time To:	<input type="text"/>
Room Required:	<input type="text"/>	Layout Required:	<input type="text"/>
Predicted no. of delegates:	<input type="text"/>		

**Refreshments and Lunch** (NB: Whilst we no longer organise lunches we are happy for you to make your own arrangements. We will take delivery on your behalf but ask that you organise/set up when required.)

Refreshments Required:	<input type="checkbox"/>	Serving Times:	<input type="text"/>
Refreshment Option:	<input type="text"/>		

Arranging Own Buffet/Lunch:

## Additional Equipment:

Flipchart Stand:	<input type="checkbox"/>	Projector:	<input type="checkbox"/>
Flipchart Paper & Pens:	<input type="checkbox"/>	Other:	<input type="text"/>
Laptop:	<input type="checkbox"/>		

## Additional Requirements

Please state how you heard about our facilities:

### **DECLARATION:**

#### **To the Administrator of The Strand, Hull CVS**

I, (name)

of (organisation)

hereby apply for the hire of rooms at The Strand, Hull CVS.

I enclose £

as 25% deposit of the hiring fee.

**Payment of the remainder of the fee must be made 7 days prior to the event** (cheques to be made payable to 'Hull Voluntary and Community Services').

I have read and agreed to all the terms and conditions of hire of The Strand.

This hiring is on behalf of (organisation)

whose authority I have to bind them by signing this application on their behalf.

Signed

Date

For submission by email: By clicking the submit by email button you acknowledge that you have read and agree to the terms and conditions of hire.

Upon receiving this form, a member of our team will be in touch to confirm your booking.

I would like to receive the Hull CVS regular e-newsletters informing me of news, information and events in the voluntary sector.

**Postal Address: Hull CVS, The Strand  
75 Beverley Road, Hull, HU3 1XL  
Tel: 01482 324474 Fax: 01482 580565  
Email: [events@hull-cvs.co.uk](mailto:events@hull-cvs.co.uk)**

### **FOR OFFICE USE**

AUTHORISED BY

DEPOSIT RECEIVED

DEPOSIT BANKED

DATE ROOM HIRE  
INVOICE RAISED

ROOM HIRE  
INVOICE NUMBER

INTERNAL BUDGET CODE

JOURNAL NUMBER

ADDITIONAL INVOICE S

ADDITIONAL INVOICE NO.