**Acorn Community Centre**

**3 The Kestrels,**

**Waterlooville**

**PO8 9GX**

**T: 023 9225 8423**

**E: admin@acorncentre.org.uk**

**ONE OFF ROOM HIRE BOOKING FORM**

| **HIRER DETAILS** | |
| --- | --- |
| **Name of hirer:** |  |
| **Name of organisation:** |  |
| **Address:** |  |
| **Telephone:** |  |
| **Email:** |  |

| **ROOM HIRE REQUIREMENTS** | | | | |
| --- | --- | --- | --- | --- |
| **Date of Hire:** | |  | | |
| **TIME OF HIRE:** Please allow 30 mins set up and 30 mins clear up time | | | | |
| **Start time:** |  | | **Finish time:** |  |
| **Room(s) required:** | |  | | |
| **Purpose of Hire:**  **e.g. Children’s Party, Exercise,** | |  | | |
| **Any extra requirements:** | | | | |
|  | | | | |

| **COST OF HIRE** | | | |
| --- | --- | --- | --- |
| **Room hire**  Hire charge £............ per hour for ............ hours | |  | |
| **Extras**  e.g. Bouncy Castle, hot drinks, | |  | |
| **Total amount due:** | |  | |
| **Amount paid:** |  | **Date paid:** |  |

| **DEPOSIT DETAILS** | | | |
| --- | --- | --- | --- |
| **Deposit Amount:** | **£50 / £100** | **Date paid:** |  |
| **Deposit returned on:** |  | **Signed (Hirer):** |  |

**DECLARATION:**

1. I have read and accept the Hiring Conditions, the Health and Safety conditions and agree to abide by these and any special conditions of any other hired equipment.
2. I agree to cover the costs of any accidents or damage to the centre or any equipment, injury to persons attending caused as a result of hiring, unless caused by negligence by the Acorn Community Centre. If this cost is more than the deposit you will be expected to pay the remainder
3. I agree to leave the centre as I found it, in a clean and tidy condition. Please ensure all rubbish is removed, spillages are cleared, the floor is swept and tables and chairs are cleared and wiped down.
4. I agree that as the hirer I will be responsible for everyone attending, there behaviour throughout and will be present throughout the duration of hire.
5. I agree that attendees cannot enter any other rooms that are not hired without permission.
6. I confirm that any person running activities holds the appropriate qualifications, DBS checks, Portable Appliance Checks (PAT test).

**PAYMENT CONDITIONS:**

1. The room hire charge must be paid in full no later than 7 days before the date of hire.
2. A returnable deposit is payable for all one-off bookings to cover any initial costs due to damage caused, not adhering to finish times, and any excess cleaning that may be required.
3. If the returnable deposit is not collected within a month from the Hire Date then the deposit will be donated to the Wellbeing for Wecock Project.

**CANCELLATION PROCEDURE:**

Any cancellations should be notified at least 7 days prior to the event or you may lose 50% of your deposit.

**GDPR INFORMATION:**

This form will be retained with financial records for 7 years. For the current year it will be kept in the office. After this period it will be stored in a locked cupboard for the remainder of 7 years, following which it will be shredded.

**YOUR SIGNATURE CONFIRMS THAT YOU HAVE UNDERSTOOD THE TERMS AND CONDITIONS OF HIRE AND AGREE TO ABIDE BY THEM.**

| **Signed:** |  | **Date:** |  |
| --- | --- | --- | --- |
| **Name in full:** |  | | |

| **FOR OFFICE USE ONLY** |
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