

SCHOOL LETTINGS BOOKING FORM PLEASE RETURN TO SCHOOL OFFICE

Name of Hirer/Group	
Contact Telephone No.	
Address (For Invoicing)	
Email Address	
Date Hall Required	
Time From	
Time To	
Total No of Hours	
Nature of Letting	
Total Cost	
Date of meeting to show opening & locking up procedures	
Name of Keyholder (Required for unaccompanied lettings)	
Contact details of Key Holder	

Signed	(The Hirer)
Signed	(The School)

Date_____

For office use

Invoice	Date		Invoice No		Amount		
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