

St Matthew's Church Hall REGULAR USER'S BOOKING FORM

| Name of Group: | |
|--|--|
| Day: | |
| Frequency:(e.g. Weekly, Fortnightly | y, Monthly) |
| Time of each session: | Start: End: |
| Number of hours: | ·· |
| Key Deposit: £25.00 | Paid: |
| Cost of Hire (for each se | ession): |
| Monthly amount to pay: (by the last Wednesday | of each month) |
| Signature for receipt of I | key deposit |
| Date: | |
| Hirer's Name: (Group representative) | |
| Address: | |
| | |
| e mail: | |
| Telephone Number: | |
| Key deposit will be retur | ned when the contract is cancelled. |
| Please inform us of any so that we know that it is | date when you will not be using the Hall, with a week's notice, s free for a booking. |
| Please take note of our of | cancellation policy, which is on the reverse of this page. |
| Hirer's Signature | Date |