

ANNUAL BLOCK BOOKING FORM

LEASOWE COMMUNITY CENTRE

Name of Hirer: Date:

Name of Group (if applicable) Time:

Rate per session/hour Charged to:

Dates Required <i>To be completed by applicant</i>	FOR OFFICE USE ONLY			
	Invoice number	Invoice Total	Date Invoice sent	Payment received
January:				
February:				
March:				
April:				
May:				
June:				
July:				
August:				
September:				
October:				
November:				
December:				

FOR OFFICE USE ONLY

Category

FREE

CONCESSION

FULL RATE

Forms completed

CONDITIONS OF HIRE

STEWARDS FORM

Date entered in Diary

Date confirmed

Total Hire Charge

Balance Due

Date refunded deposit returned

Total number of people attending

Date deposit received

Cleaning Deposit

Additional Deposit

Date paid in full

One off hire

Regular booking

Show/event

Education

Councilor/MP/MEP

Council Dept
