



## Appendix 4

### Booking Form          Payment type          INVOICE/ CASH

Scheme name		Month	
Name of hirer		Contact number	
Type of event			
Address (invoice sent to if appropriate)			

### Documentation (please provide copies where appropriate)

Liability Insurance	Yes	Recommended	No
Food Hygiene	Yes	Recommended	No

### Dates of hire

Hire recurrence	One off	Weekly	4 weekly	Monthly	Other	No. of hours per event		Times of hire	
Hire recurrence	One off	weekly	4 weekly	Monthly	Other	No. of hours per event		Times of hire	

I confirm that I have read the appropriate policies and will observe the guidelines

I will contact the sheltered estate officer if the hours change on **telephone number**

Signature
Date