HILTON COMMUNITY CENTRE



BOOKING FORM, FEBRUARY 2019

		·
Name of organ	isation	
Contact Name	&	Invoice Name & Address
Address		(if different from Contact)
Telephone nur	nbers	Telephone numbers
Email		Email
Day required		
Dates – start and end		
Excluded/additional dates (i.e. school holidays/in service		
days)		
Room/Facility required		
Time required for activity		
Do you need room set up prior to activity time above		
If yes, equipment required & room layout		
If yes, actual time booked for activity, set up & clear up		
Purpose of let		
	n band applies to your booking	
Band A		religious; Not for profit instruction; Musical competitions, Blood Transfusion
Band B	Service; Dance practice without instructor; Full	
	n Sporting Activity	ntional or sporting content, instructor retains income
Sporting or No	in Sporting Activity	
Band and Roor	m Charge	
Method of Payment		CASH/CHEQUE/INVOICE (delete as appropriate)
Frequency of Payment		ON DAY/WEEKLY/MONTHLY (delete as appropriate)
		Please note, invoices are sent out monthly unless otherwise requested.
Number of peo	pple	Under 18 - 18 & Over -
	erable adults or children / young people **	
Do you give us permission to give out your phone number to		
customers end	arketing?	
General Data Protection Regulations		
deficial bata i rotection regulations		
To view our High Life Highland Privacy Notices, please visit www.highlifehighland.com/gdpr/privacy-notices or to request a printed		
copy please email <u>DPO@highlifehighland.com</u> .		
I confirm that I have read and understood the privacy notice and I consent for my information to be processed as described.		
I also confirm I have read the terms of conditions of lets and I agree to adhere by them. I understand that failure to comply with all terms and conditions, or to provide false information on this booking form, will result in termination of my let.		
SIGNED		DATE
Marketing Profe	ironcos:	
Marketing Preferences:		
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High Life Highland would like to keep you updated with news, updates and special offers!



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