 **Venue Booking Form (External)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **YOUR DETAILS** | | | |  | | | | | | | | | | | |
| |  |  | | --- | --- | | **Contact Name** |  | | **Name of Organisation** |  |   **(if applicable) *Community & Voluntary Groups***  ***Are you a constituted/charitable status organisation? Yes/No***  ***Evidence required ( copy of Constitution/Charity Reg.Number)*** | | | | | | | | | | | | | | | |
| **Contact Address**   |  | | --- | |  | | | | | | **Invoice Address**  **(if different from contact address)**   |  | | --- | |  | | | | | | | | | | | |
| Your contact details | | | | | Tel: | | | | | | | | | | |
| **Fax:** | | | | | **Email:** | | | | | | | | | | |
| **YOUR BOOKING DETAILS** | | | | |  | | | | | | | | | | |
| **Date/s of event/hire** |  | | | | **Time/Duration**  **Required** | | | | **In** | | | **Start** | | **Finish** | **Out** |
| **PURPOSE OF EVENT / HIRE**  **Please provide us with a summary of content of your event** | | | | | | | | | | | | | | | |
| **DETAILS OF YOUR EVENT**   |  |  | | --- | --- | | **Is this a single or block booking?** |  | | **If block booking please confirm running dates** |  | | **Expected Number of persons attending?** | **Please indicate any special requirements of attendees** |   **DO YOU WISH US TO PUBLICISE AT RECEPTION DESK / \*WEBSITE - www.limavady.gov.uk? IF SO TELL US:**  **Is it private / open to public?**  **Is it walk in / bookable? (If bookable – how?)**  **Any cost involved?**  **Any requirements from attendees?**  **Any other information we need to know?**  **\*If you wish for your event to be publicised on our website, please provide our Visitors Services Staff with full details of the event** | | | | | | | | | | | | | | | |
| **ROOM/S REQUIRED (PLEASE TICK)**   |  |  |  |  | | --- | --- | --- | --- | | **Danny Boy Auditorium (seated)** |  | **Ross McCurry Room** |  | | **Danny Boy Auditorium (unseated)** |  | **Binevenagh Room** |  | | **O’Hampsey Studio** |  | **Benbradagh Room** |  | | **Keenaught Suite** |  | **Drumceatt Square** |  |   **\*Broighter, Ritter and Keady Gallery Spaces may be made available according to event** | | | | | | | | | | | | | | | |
| **EQUIPMENT SET-UP REQUIREMENTS** | | | | | | | | | | | | | | | |
| **Please state furniture set-up required** | | | | |  | | | | | | | | | | |
| **PLEASE INDICATE IF YOU NEED THE FOLLOWING (TICK)**   |  |  |  |  | | --- | --- | --- | --- | | **Projector** |  | **Flipchart** |  | | **PA System / Microphone/s** |  | **Podium** |  | | **Laptop** |  | **Other : please Specify** |  | | | | | | | | | | | | | | | | |
| **FOR AUDITORIUM BOOKINGS PLEASE COMPLETE THE FOLLOWING SECTION** | | | | | | | | | | | | | | | |
| **Do you require a technician Yes No**  **Do you require any specific technical equipment / assistance Yes No**  **If yes please specify:** | | | | | | | | | | | | | | | |
| **CATERING REQUIREMENTS** | | | | | | | | | | | | | | | |
| **Tea, Coffee & Biscuits Yes No**  **(Please Note an additional charge is made for refreshments provision)** | | | | | | | **How many and at what time/s?** | | | | | | | | |
| **Please provide external catering contact details( if applicable)** | | | | | | | **Name:**  **Tel:** | | | | | | | | |
| **SIGNATURE** | | | | | | |  | | | | | | | | |
| **In accordance with charges and conditions of letting, I hereby make application to hire room(s) on date(s) stated.**  **Signature of main contact: Date:** | | | | | | | | | | | | | | | |
| **Please note this booking is not approved until signed and approved by Roe Valley Arts & Cultural Centre / Ionad Ealaíon agus Cultúir Ghleann na Ró.** | | | | | | | | | | | | | | | |
| **INTERNAL USE ONLY** | | | | | | | | | | | | | | | |
| **Date of booking confirmation** | |  | | | | **Dates of follow-up client liaison** | | | | |  | | | | |
| **Total cost to be invoiced** | | ***Room Hire***   |  |  | | --- | --- | | Net |  | | VAT |  | | Gross | **£** | | ***Equipment***   |  |  | | --- | --- | | Net |  | | VAT |  | | Gross | **£** | | | | | | ***Refreshments***   |  |  | | --- | --- | | Net |  | | VAT |  | | Gross | **£** | | | | | | ***TOTALS***   |  |  | | --- | --- | | Sub Total |  | | VAT |  | | **TOTAL** | **£** | | | |
| **Payment type confirmation** | | **Cash** | | | | | | | | **Cheque/CC/BACS** | | | | | |
| **Invoice Ref / Issue Date** | |  | | | | | | | | **RVACC Staff :** | | | | | |
|  | | **EVALUATION COMPLETED** | | | | | | | | **YES NO** | | | | | |
|  | | **IF YES, DATE COMPLETED/RECIEVED** | | | | | | | |  | | | | | |