 **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** |  |

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| **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** |  |