

# BOOKING OF FACILITIES FORM

Name of Organisation/Group \_\_\_\_\_

Person in charge: \_\_\_\_\_

Contact (H) \_\_\_\_\_ (O) \_\_\_\_\_ (M) \_\_\_\_\_

Day and Date of Event: \_\_\_\_\_ Ongoing/one-off

Time: From \_\_\_\_\_ To \_\_\_\_\_

Room/Hall Requested (your request will be considered and if necessary, re-assigned to an alternative room)

\_\_\_\_\_

Number of People Expected: \_\_\_\_\_

Equipment Required (table, chairs, sound, data projector, laptop, portable screen, whiteboard, etc):

\_\_\_\_\_

Activities (please circle what you will be doing)

Speeches/ Singing /Musical instruments played, other \_\_\_\_\_

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### OFFICE USE

At the end of the event you are required to

- Replace furniture
- Arrange furniture eg \_\_\_\_\_
- Key required? #?

Fee charged: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_