

**WEYBRIDGE CATHOLIC PARISH HALL**  
**Portmore Way, Weybridge, Surrey KT13 8JD**

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**HALL BOOKING FORM**

NAME OF USER.....

ADDRESS.....

TELEPHONE.....

EMAIL ADDRESS.....

ORGANISATION (if any).....

DATE REQUIRED.....

|       |               |   |                          |
|-------|---------------|---|--------------------------|
| TIME: | Session One   | 9 am – 1 pm                             | <input type="checkbox"/> |
|       | Session Two   | 1 pm – 6 pm (Saturday 1 pm – 5.30 pm)   | <input type="checkbox"/> |
|       | Session Three | 6 pm – 11 pm (Monday-Thursday & Sunday) | <input type="checkbox"/> |
|       |               | 6 pm – 11.30 pm (Friday & Saturday)     | <input type="checkbox"/> |

*(please indicate which is applicable)*

|                 |   |                          |
|-----------------|---|--------------------------|
| ROOMS REQUIRED: | MAIN HALL (includes the small kitchen area) | <input type="checkbox"/> |
|                 | LARGE KITCHEN                               | <input type="checkbox"/> |

**IF A CONCERT IS BEING BOOKED IN THE CHURCH, PLEASE GIVE REQUESTED REHEARSAL TIMES IN THE CHURCH ON THE DAY OF THE CONCERT (IF REQUIRED) (please note that the Church is not available on a Saturday until after midday or between 5.30 – 7 pm)**

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If you wish to include alcohol in the sale of any tickets, a Temporary Events Notice will need to be applied for, so please liaise with the Parish Office as to availability, as there is a limit on the number of TENs which can be granted annually for any premises.

*I have read the Rules for the Use of the Parish Hall and agree to abide by them*

*I understand that my deposit will be used to pay for any damages or forfeited if the hall is left dirty or not vacated on time.*

*Signed.....Date.....*

*Cheques payable to  
RCD of A&B Weybridge*

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*For office use only:*

*DIARY                      DONATION                      DEPOSIT RECEIVED                      DEPOSIT RETURNED*

