

THE STUDY SOCIETY
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STUDIO BOOKING REQUEST

HIRER : (State Name of Individual hirer(s) or where the hirer is an Organisation the name of the Organisation)

Contact Name:

Address:

Tel:

Mob:

E-Mail:

Web-Site:

Nature of Organisation: *(please be specific)*

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.....
.....

Have you used our studios before?

Yes If so, when.....

No

Date(s) Required:

Purpose:

.....

.....

Time: Full Day: From To

Half Day: From To

Time entry required

Anticipated number of participants:

Cost to participants:

FACILITIES REQUIRED:

Top Studio Refectory

West Studio Piano

East Studio Sound System

Blue Room O/H projector& screen

I HAVE READ AND ACCEPT THE TERMS & CONDITIONS OF HIRE

(See Room Hire: Terms & Conditions booklet or the website)

Signature:.....

Date:

For Office use only:

Date bookings authorised:

By whom authorised:

Organisation informed: