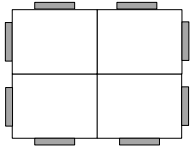
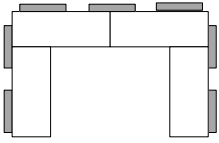
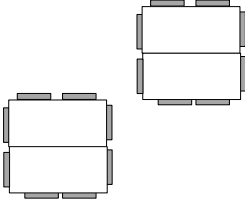
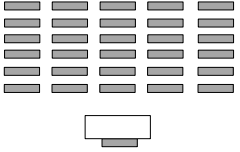




Gloucestershire FA Meeting and Conference Facility – Hire Agreement

Please complete the highlighted boxes below in **BLOCK CAPITALS**

Customer Details	
Name of company/Hirer to Invoice:	
Address:	
Postcode:	
Telephone:	
Fax:	
Email:	
Main contact for this booking:	
Secondary contact:	

Booking Details			
Booking Start Date:		Booking End Date:	
Start Time (24hr format):		End Time:	
Number of delegates attending:			
Room layout (see instructions below):			
			
Boardroom	U Shape	Cabaret	Theatre

Equipment	
<i>Do you require? (Y / N)</i>	
Laptop:	
TV Display Screen:	
Projector:	
Flip Chart:	



Refreshments			
	Option (Y/N)	Time:	No. of servings
Arrival:			
Mid-Morning:			
Lunchtime:			
Mid-Afternoon:			
Catering			
	Option (Y/N)	Time:	No. of servings
Breakfast:			
Lunch:			
Evening Buffet:			
Additional catering requirements (Allergies and advice):			

Additional Information	
Please use the space below to outline any comments or further information required:	
Please tell us how you found out about the Gloucestershire FA Meeting and Conference Facility	
	(Y / N)
Have you read the terms and conditions of Hire?	
PLEASE NOTE - by completing and returning this form, you are agreeing to the Gloucestershire FA Meeting and Conference Facility Terms and Conditions of Hire	