

Room Booking Application Form

Person Responsible (Hirer): Mr/Mrs/Miss:

Name of Organisation:

Address:

..... Postcode:

Email:

Tel No: (Day) (Eve.)

Date the community room is required:

Day of week the community room is required:

Time of Access: Time of Departure:
(Time should include arrival, setting up and clearing up)

Purpose for which community room is required:

.....

..... Estimated Attendance:

Please Note: Any portable electrical equipment brought into the community room must be tested for safety and have a current safety label. **STAFF RESERVE THE RIGHT TO REFUSE THE USE OF ANY ELECTRICAL EQUIPMENT THAT HAS NOT BEEN RECENTLY TESTED.**

CATERING: - Please book on separate Caffi Wylfa form.

Please return as soon as possible.

Your booking is only PROVISIONAL until this form is received.
Before signing the form, please read the conditions of hire.

Signature of Applicant: Date:

This booking grants no privileges until confirmed.

Please return completed forms to: Enterprise Manager
Post: Glyn Wylfa, Castle Road, Chirk, LL14 5BS
OR Email: enquiries@glynwylfa.co.uk



Glyn Wylfa

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DEVELOPMENT TRUST