

SAFEHOUSES Ltd.



Lambourn House, 67 North Road, South Ockendon,
Essex, RM15 6QA
Tel: 01708 859258 Fax: 01708 856917
E-mail: essex@Safehouses.org

Room Hire Booking Form - LH2

Name of Hirer:			
Address of Hirer:			
Post Code:		Telephone No.:	

Organisation that you are representing:	
The capacity in which you are applying:	

	Training Room	Contact Room	Therapy Room
Date Required:	AM Session	Times Required:	Times Required:
From: ___/___/___	PM Session	From:	From:
To: ___/___/___	All Day	To:	To:
Date Required:	AM Session	Times Required:	Times Required:
From: ___/___/___	PM Session	From:	From:
To: ___/___/___	All Day	To:	To:
Cost of Room Hire £			
Special Requests:			

Supervising Social Worker Required Yes No

At an additional cost of £..... Total Cost of Hire £

I herewith pay the required deposit of £..... (cheque to be made payable to SAFEHOUSES Consultancy Ltd and to accompany this form).

By signing this form I signify that I, and the organisation that I represent, will abide by, and be bound by, the Terms and Conditions contained in the Contract For Hire applicable to the facilities identified above.

I also signify that I will conform with any advice and instructions that may be given to me, during the period of hire, by the staff of the facility.

Signed: Date:

Print Name:

Note – Please complete this form in Block Letters