

Room Bookings Form

BALLYEARL ARTS & LEISURE



Hirer Details:	
Company Name/ Group Name:	
Contact Person:	
Contact Telephone Daytime: Evening:	
Address:	
Email Address:	
Payment Method:	INVOICED <input type="checkbox"/> BACS <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/>
One of bookings must be paid for at time of booking	

ROOM BOOKING.

Name of Event: _____

DAY	DATE FROM	DATE TO	DATES EXCLUDED	ROOM REQUIRED	TIME FROM	TIME TO

It is the responsibility of room hirer to sign room key in and out at reception & familiarise themselves with the Fire Evacuation Procedure as detailed.

Room Layout:

Boardroom Style: Theatre Style: Interview Style Other

For other layouts please draw a sketch of your room layout on the space provided below or attach additional page:

If tea & coffee being provided by Ballyearl Please state time/s required £1 per head				
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Estimated Numbers Attending: Minimum: Maximum:

FOR CATERING REQUIREMENTS PLEASE CONTACT A MEMBER OF STAFF ON 02890 848287 AND THEY WILL BE ONLY TOO GLAD TO HELP YOU. FOR GROUPS OF LESS THAN 20 REQUIRING ONLY TEA & COFFEE THIS WILL BE PROVIDED BY BALLYEARL.

FOR CATERING ABOVE THIS NUMBER OR FOR OTHER CATERING REQUIREMENTS CONTACT THE DUTY MANAGER AT BALLYEARL WHO CAN GIVE YOU CONTACT DETAILS FOR LOCAL CATERING COMPANIES.

Equipment: Data Projector: Number of Flip Charts: Wifi:

Supplementary Information:

Wheelchair Access Required: Yes No **(Please indicate with a tick)**

FIRE EVACUATION PROCEDURE:

Actions of room hirers/class tutors

In the event that the fire alarm is sounded:

- Stop your function immediately
- Sweep all your visitors to the nearest fire exit and guide them to the Assembly Point at front lawn



- Ensure that all your visitors are accounted for at the Assembly Point and advise the Duty Manager of same.
- Remain at the Assembly Point until you are told it is safe to return by Duty Manager or designate.

CANCELLATIONS: The hirer must give 24hrs notice, otherwise the council reserves the right to charge hirer full amount of facility hired.

I hereby apply for use of the facilities detailed above and I confirm that I undertake to ensure that they are properly observed and that the appropriate charges are paid on demand.

Signature of Hirer /Hirers Representative: _____

Print Name: _____ **Date:** _____

Please return to: Ballyearl Arts & Leisure Centre, 585 Doagh Road, Newtownabbey BT36 5RZ or by email: ballyearl@antrimandnewtownabbey.gov.uk.