



# Bath Pavilion booking form

Tel: 01225 486902 • bath.pavilion@aquaterra.org

## Organisation details

Name of organisation \_\_\_\_\_

Applicant \_\_\_\_\_ Organisers \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

phone no. \_\_\_\_\_ phone no. \_\_\_\_\_

email \_\_\_\_\_ email \_\_\_\_\_

Which of the above is responsible for payment? Applicant  organiser

## Event details

Dates of hire \_\_\_\_\_

Description of function \_\_\_\_\_

Estimated Attendance \_\_\_\_\_  under 18  over 18  both

To comply with English smoking legislation Bath Pavilion is a non-smoking venue.

## Hire requirements

set up from \_\_\_\_\_ to \_\_\_\_\_ hrs \_\_\_\_\_

function from \_\_\_\_\_ to \_\_\_\_\_ hrs \_\_\_\_\_

breakdown from \_\_\_\_\_ to \_\_\_\_\_ hrs \_\_\_\_\_

admin use only

@ \_\_\_\_\_ cost £ \_\_\_\_\_

@ \_\_\_\_\_ cost £ \_\_\_\_\_

@ \_\_\_\_\_ cost £ \_\_\_\_\_

## Additional requirements\*

- |   |         |  |         |                                      |         |
|---|---------|--|---------|--------------------------------------|---------|
| <input type="checkbox"/> PRS Music Licence  | £ _____ | <input type="checkbox"/> Bar           | £ _____ | <input type="checkbox"/> Cloakroom   | £ _____ |
| <input type="checkbox"/> PPL Music Licence  | £ _____ | <input type="checkbox"/> Catering      | £ _____ | <input type="checkbox"/> Security    | £ _____ |
| <input type="checkbox"/> All night clean up | £ _____ | <input type="checkbox"/> PA            | £ _____ | <input type="checkbox"/> Spot lights | £ _____ |
| <input type="checkbox"/> Tables & chairs    | £ _____ | <input type="checkbox"/> Ladder        | £ _____ | <input type="checkbox"/> box office  | £ _____ |
| <input type="checkbox"/> Extra staffing     | £ _____ | <input type="checkbox"/> External hire | £ _____ | <input type="checkbox"/> Other       | £ _____ |

\*tick boxes only (please specify) .....

## Notes

## Signatures

I have received, read and fully understand the conditions of hire and will fully comply with these.

Signed \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

I fully understand that I am responsible for ensuring all electrical equipment / leads display a valid PAT test label and that items without this cannot be used and must be removed from the premises [see Section 7 for full terms and conditions].

White copy : Customer  
Pink copy : Manager  
Yellow copy : Operational Staff



**Bath & North East  
Somerset Council**