

# TRINITY THEATRE BOOKING FORM

The Grove Cowes Isle of Wight PO31 7QR

Tel: 01983 295229 www.caods.org.uk

## Please return within 14 days otherwise the booking will be cancelled.

**Details of Hirer** 

Name of Organisation	
Name of Contact	
Position in Organisation	
Contact Telephone Numbers	
Home -	
Work -	
Mobile -	
Email Address	
Postal Address	

# **Details of Hire Dates and Facilities Required.**

Dates	Times of Hire	Private or	Purpose of Hire*	<u>n</u>	dicate which	facilities are	e required	
		Public		Auditorium	n Clubroom Dressing Stage	Dressing	Stage	Sound
		(Delete as appropriate)		& Stage		Rooms	Lighting	Systems
		Private/ Public						
		Private/ Public						
		Private/ Public						
		Private/ Public						
		Private/ Public						
		Private/ Public						
		Private/ Public						
		Private/ Public						
		Private/ Public						
		Private/ Public						
		Private/ Public						

August 2009

Version 1.1

Page 2 of 5

### **Event Details (to be completed for performances only)**

State Title of Event		
Starting time of Event		
Approximate time of interval		
Approximate finishing time		
Is the work covered by Copyright? If applicable	Yes/No	
Will admission fees be charged? If applicable	Yes/No	
аррпоаме	If yes indicate prices.	
	Full Price £	
	Concessions £	
Tickets for seats will be	Reserved/Unreserved.	
How many staff are you able to provide?	Ushers	
	Box Office	

Please refer to *Notes on Hiring Trinity Theatre* about these roles.

Please note that for any hire requiring the stage, lighting or sound, a technical requirements questionnaire must be completed.

# Additional Requirements.

### **Contract Details**

Basic Charges	
Estimate of Additional Charges	
Non returnable deposit	
(25% of Total Charge (Minimum £50.00) is required with	
each booking.cheques made payable to CAODS)	

I have received and read the following documents:

- Conditions of Hire
- Notes on Hiring Trinity Theatre.
- Technical Questionnaire.
- Trinity Theatre Hire Charges.

I have read all these documents and AGREE to abide by them and have public liability insurance.

	HIRER	CAODS
Signed:		
Name (Printed)		
Date:		