ST IVES CORN EXCHANGE - BOOKING REQUEST

CEX Ref: **DATE REQUIRED:**

ORGANISATION NAME……..

HIRER/CONTACT NAME……

CONTACT ADDRESS……

POST CODE **TEL** **EMAIL**

SAFETY/RESPONSIBLE PERSON (if different from hirer):

DATE REQUIRED **FREQUENCY WEEKLY/MONTHLY/OTHER**

EVENT DETAILS

NO OF PEOPLE **MIN** **MAX** **AGE GROUP**

HIRE TIMES **SET UP** **START** **FINISH**
(Include clear up time)

ROOM(S)
(Circle as required)

CHARTER HALL **CROMWELL ROOM**

ACE SUITE **FORUM (ACE+CROMWELL)**

FLEXI 1 **FLEXI 2**

BAR 1ST FL **BAR 2ND FL** **KITCHEN** **SET UP**

EQUIPMENT (give details e.g. PA, projector, screen, stage lighting, stage)

NOTES: (e.g. special needs, extra staff, CRB and ISA information required)

OFFICE USE: :

PML 15/06/2010