UNITY COLLEGE HIRE AGREEMENT FORM

Name of Organisation								
Name of Contact						Contact No		
Today's Date					Mc	bile No		
Address								
Invoice Name and Addr	ess (if diffe	rent from ab	ove)					
Type of Function								
Estimated Number of po	Adults: Children:							
Accommodation / Facility	Start Date	End Date	Start Time	End Time	Total Hours	Delegate number	Cost/hour (delegate)	Total Cost
Please Specify addition	nal requirer	nent (see pr	ice list or pi	rice on app	lication)			
The Start and Finish Time times.	you have sta	ated will be tl	he time you	arrive/depa	irt. You may n	ot start or conti	nue your function	on outside these
SMOKING IS NOT ALLOWI	ED ANYWHE	RE ON THE CO	OLLEGE PREM	MISES				
ALCOHOL cannot be cons	umed on Col	lege premise	s without pr	ior permissi	on			
I/WE will not sell alcohol o	on the Colleg	e premises.						
I/WE will not allow under	age drinking	to children un	ider 18 years	during the	hire, on the Co	ollege premises.		
I understand that the Colle	ege reserves	the right to co	ease the lett	ing at any ti	me without giv	ving reasons.		
I hereby acknowledge that all services supplied by the						e retained, whic	h solely govern t	he provision of
I/WE attach a copy of our	public liabil	ity insurance.						

if vv L attach a copy of our public hability mourance.

Unity College reserves the right to cease the letting/hire immediately if the hirer breaches the 'terms and conditions of hire'

I/we wish to book UNITY COLLEGE premises/accommodation as above and enclose a 15% non refundable deposit. I understand that additional charges may be imposed by the College if the premises are not left in a satisfactory condition or not vacated at the correct allocated hire time. The Cheque enclosed has been made payable to 'Unity College'

Signed : PO Number