

## City of Ely Council Sessions House, Lynn Road, Ely, CB7 4EG Booking Application for Use of Rooms.

Before completing this form you are advised to contact the Council to check availability.

4 Y7 - X7		
1. Your Name -		
2. Name of the Organisation		
you represent (if any) -		
3. Your contact address -		
4.77		
4. Your contact telephone		
number(s) -		
Email-		
5. The date(s) and time(s) you		
wish to book the room for		
(please state fully inclusive		
times – i.e. include	Any additional time taken will be cl	narged at
set up and clear away) -	the hourly rate	. 8
6. Room required, delete as appropriate-	Council chamber/Antechamber/Ju	dges Room/Court Room
o. Room required, defecte as appropriate	Gourier chamber/Three chamber/Jus	ages moonly dourt moonl
7. The purpose of your		
booking -		
Number of people expected -		
8. Is this a chargeable event?	YES/NO	
Is alcohol to be served?	YES/NO	
	If yes please give more details	
9. Payment due -	£	
10. I have read and agree to the Letting Policy		
and I enclose the appropriate amount now due		
or have paid it direct into the Council's bank		
account.		
City of Ely Council, Session House, Lynn Road,		
Ely CB7 4EG		
Barclays Bank		
High Street		
Ely		
Sort Code: 20-29-68		
Account Number: 00256307	Signed (hirer)	Date

Please send this form with the appropriate payment and a copy of your public liability insurance, if requested, to **City of Ely Council, Sessions House, Lynn Road, Ely CB7 4EG** 

Tel: 01353 661016. Please keep the Lettings policy for your records. A copy of the Council's Privacy Notice can be found at <a href="https://www.cityofelycouncil.org.uk">www.cityofelycouncil.org.uk</a>. A copy of the Council's Hirers Privacy Notice is attached.

Any telephone booking made will be held for 4 days pending receipt of this form and payment in full.