

FMH Bournemouth

QUAKER USE OF PREMISES FORM

PLEASE PASS THIS FORM TO THE WARDEN.
NOTE: NOT UNTIL THE WARDEN HAS CONFIRMED AVAILABILITY AND ALL SECTIONS HAVE BEEN COMPLETED AND THE FINALISED FORM GIVEN TO THE WARDEN, ARE THE PREMISES CONFIRMED AS BOOKED.

NAME OF EVENT			
THIS EVENT WAS MINUTED TO BE SUPPORTED AT MEETING HELD ON:			
HIRE FEE APPLICABLE			
ORGANISER		DEPUTY	
ORGANISER PHONE NUMBER			
ORGANISER E-MAIL ADDRESS			
DATE(S) REQUIRED			
TIMES REQUIRED			
ROOMS REQUIRED			
DAY OF THE WEEK			
NUMBERS OF PEOPLE EXPECTED			
DEMOGRAPHIC	Quaker	Non-Quaker	Mix
Please tick	Children	Handicapped / Special needs	Foreign Language
WARDEN CONFIRMATION OF AVAILABILITY			
WARDEN ADVICE OF SPECIAL REQUIREMENTS PRECEDING THE EVENT			
WARDEN'S ADVICE OF SPECIAL REQUIREMENTS FOLLOWING THE EVENT			
ORGANISER'S CONFIRMATION OF ARRANGEMENTS			
Please name the persons and give their phone numbers (e-mail as well if available), who have specifically agreed to do tasks.			
Opening & Lock-up			
Fire and Security warden			
Preparing food before the event			
Serving food on the day			
Floor and kitchen cleaning			
Special arrangements for disability			
Arrangements for arranging furniture during event			
Arrangements for arranging furniture for premises use following the event			
Other special arrangements that have been made			
Signed (organiser)	Date	Confirmed Booked (Warden)	