Libraries, Archives & Information

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| --- | --- |
| Office use only | |
| Booking Form Received |  |
| Contract Sent |  |
| Booking Confirmed |  |

**Service Manager**: Nick Partridge

Central Library ⋅ Surrey Street ⋅ Sheffield ⋅ S1 1XZ

#### Tel: 0114 273 4102 ⋅ Fax: 0114 273 5009

Email: [philip.repper@sheffield.gov.uk](mailto:philip.repper@sheffield.gov.uk)

Website: [www.sheffield.gov.uk/libraries/librarytheatre](http://www.sheffield.gov.uk/libraries/librarytheatre)

**LIBRARY THEATRE BOOKING FORM**

|  |  |
| --- | --- |
| Name of Organisation |  |
| Type of Organisation |  |
| Address of Organisation |  |
| Title of Show |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of person responsible for the hire | |  | | |
| Position of Responsible Person in Organisation | |  | | |
| Address of Individual | |  | | |
| Phone | Daytime |  | Mobile |  |
| Email | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Date Theatre Required | Inclusive Times | Show Times | Purpose of Hire Period |
|  |  |  |  |
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**I agree to personally pay the charge for the above booking and undertake personally to observe and adhere to the Conditions of Letting which I have read and understood.**

Signature: …....................................................

Date: …....................................................