

**Contract, Booking Form, Invoice**

To minimise paperwork, these three functions have been put into one form, enabling a single hire or up to twelve repeat bookings to be paid in one transaction, provide confirmation and a record for both parties. You can "click" onto this page and "print..." the form, selecting "current page" and "2" copies - fill in both forms manually and send them to us, with payment. As confirmation, and for your records, we will return a signed copy. Or, you can ask for the forms to be sent to you. Send correspondence to Mrs G. Pagan, 117 Victoria Road, Diss, IP22 4JG (Tel.01379 650770)

**What time of day is the hire to start?.....**

| Date(s) required                         | Rooms required | duration | Rate   |
|--|----------------|----------|--------|
| 1  | Sanctuary      |          | £      |
| 2  | Hall           |          | £      |
| 3  |                |          |        |
| 4  | Lenton Room    |          | £      |
| 5  |                |          |        |
| 6  | Derry Room     |          | £      |
| 7  |                |          |        |
| 8  | Kitchen        |          | £      |
| 9  |                |          |        |
| 10                                       |                |          |        |
| 11                                       |                |          |        |
| 12                                       |                |          |        |
| 13                                       |                |          |        |
| Total per session                        |                |          | £..... |
| Multiplied by .....sessions = total due: |                |          | £..... |

**For office use only:**

|             |              |  |
|-------------|--------------|--|
| Invoice No. | Invoice Date | Due Date<br>7 days prior to date of hire |
|-------------|--------------|--|

Receipts will only be issued if a stamped addressed envelope is enclosed.

**Please describe the event or activity you intend to undertake:**

.....  
 .....

Name of Organisation: .....

Name and address of contact: .....

..... Post Code.....

Tel..... Email.....

Position held in organisation.....

**Contract for the Use of Rooms at the United Reformed Church, Mere Street, Diss, IP22 4AD**

We/I the undersigned confirm that We/I have read and accept the **Booking Conditions** below and accept that the Diss United Reformed Church cannot be held responsible for loss, damage or injury sustained at the premises if associated or connected in any way with the event, or control of the event, to which this hire relates.

Furthermore, We/I agree to indemnify the Diss United Reformed Church and its officers in respect of any damage occasioned to either person or property out of the negligence of the hirer or their invitees.

For the Hirer .....

For the Church .....