

LYME REGIS TOWN COUNCIL MARINE PARADE SHELTERS

BOOKING FORM 2024 (charities, schools and not-for-profit organisations)

PLEASE COMPLETE FORM IN BLOCK CAPITAL AND BLACK INK

1. YOUR DETAILS											
Name or Organisation											
Type of Organisation		Permit/		School		I		Not	Not-for-		
(please complete boxes)		Charity No.						pro	profit org.		
Contact Name			·				•	·	•		
Contact Address											
Telephone Numbers		Home/Work		Mobile							
E-mail											
2. EVENT DETAILS											
Please note that you will require a permit from Dorset Council if you are a charity or collecting or											
raising money for a charity. Please put your permit No. in the box above.											
EVENT											
Nature of Event	Fund	raising	Con	Community		Not		t-for-Profit			
		Ev		ent							
Date(s)											
Facility and Times		e Pavilion (N									
Required.	gene	ral hire)									
(Enter start and finish times for	N 4 =l -	A									
each facility)	et Area										
each facility)	rmance Area	Lift Doggirod Vos/No									
	moor Room	Lift Required Yes/No									
*Roof (no vehicle access) Standard equipment provided in Langmoor: 6 tables, 30 chairs, water and electricity											
Equipment & Utilities required in other areas. Tables Chairs Water Yes,									/No		
(please complete box	red in Other areas.		No.		No.					-	
		of Stalls/Tables				No. of Ba		Pannors	Electric	Yes	/No
will be providing Othe							No. of Barriers		(IIIax 10)		
will be providing Other											
3. CHARGES FROM 1	L April	2024 – accord	ding to	the Cha	arity's	place	of reg	istration	/location o	of no	t-for-
profit organisatio	•		_				_	_			
A DT7 postcodes					£20.00 inc VAT per area, per day						
·	s of LRTC offices				£25.00 inc VAT per area, per day						
C Outside a 10-m					£30.00 inc VAT per area, per day						
D National charities				£25.00 per area, per hour							
E Not-for profit community events and festiv				als hirin	At the discretion of the town clerk						
the shelters											
4. DECLARATION											
I have read and acce	ept the	Shelters Faci	ilities B	ooking (Conditi	ons a	and hav	e supplie	ed Lyme R	egis ⁻	Town
Council with a Risk Assessment and a copy of my Insurance.											
Signed: Date:											
OFFICE USE ONLY											
Date Received				Added to Finance tab							
Confirmation Sent											
Total Charge	N/a				Invoice	/Rec	eipt No				
Signed		l						Date			

^{*}The Roof area can only be booked at the discretion of the Town Clerk