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| --- | --- |
| A picture containing text  Description automatically generated | **St Helens Town Hall** **Booking Request Form** |

This form should be used to request the booking of rooms within St Helens Town Hall. The form should be submitted to facilitiesservicesadmin@sthelens.gov.uk and the events team will contact you to check details, arrange payment, and confirm the booking.

**Type of Booking**

|  |  |  |  |
| --- | --- | --- | --- |
| Personal / Private | [ ]  Business | [ ]  Charity | [ ]  Other\* |
| \*If other, please specify here |   |

**Contact Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Forename |   | Surname |   |
| Address |   |
| Post Code |   | Telephone No. |   |
| Email Address |   |

**Organisation Details (where applicable)**

|  |  |
| --- | --- |
| Name of Organisation |   |
| Charity or Company Number (where applicable) |   |
| Address |   |
| Post Code |   | Telephone No. |   |
| Email Address |   |

**Booking Details**

|  |  |
| --- | --- |
| Event Name |   |
| Event Category | [ ]  Meeting | [ ]  Training | [ ]  Conference |
| [ ]  Conference | [ ]  Awards | [ ]  Entertainment |
| [ ]  | [ ]  Celebration | [ ]  Other\* |
| \*If other, please specify here |   |
| Brief Description of Event |
|   |
| Booking Type | [ ]  One-Time | [ ]  Multiple-Dates\* | [ ]  Recurring\* |
| *\*For multiple dates and recurring events, please provide details of future dates in the additional booking details section.* |
| Date of Event (this is the first date for multiple or recurring bookings.) |   |
| Time From |   | Time To |   |
| Number of attendees |   |  |
| If any attendee has specific access requirements, please provide details here. |
|   |

**Room Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Rooms Required | [ ]  Assembly Hall | [ ]  Ceremony Room | [ ]  Council Chamber |
| [ ]  Legh Room | [ ]  Pilkington Room | [ ]  Committee Room |
| [ ]  Glass Room | [ ]  Dream Room | [ ]  Colliery Room |
| [ ]  Carr Room | [ ]  Billinge Room |  |
| Layout Required | [ ]  Boardroom | [ ]  Theatre Style | [ ]  Cabaret |
| [ ]  Multiple\* | [ ]  Other\* |  |
| \*If multiple or other, please provide details here. |
|   |
| Number of Tables |   | Number of Chairs |   |
| Audio-visual Requirements  | [ ]  Hybrid Meeting Equipment | [ ]  Large Screen TV |
| [ ]  Hiring From Third Party\* | [ ]  Music System | [ ]  Other\* |
| \*If other or hiring from third party, please provide details of any audio-visual equipment you will require or the equipment you are hiring for use at your event. |
|   |
| **Please click the link below and complete the form if you require Catering.**[**https://forms.office.com/e/8w0FS2TWqg**](https://forms.office.com/e/8w0FS2TWqg) |

**Additional Booking Details**

|  |
| --- |
| Additional details for multiple date or recurring bookings (please provide dates, times and attendee numbers for all required bookings) |
|   |