|  |  |
| --- | --- |
| 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](mailto: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) |
|  |