

ROOM HIRE AGREEMENT FOR A ONE-OFF BOOKING

Person hiring the	Full name			
room:	Address			
	Mobile number			
	Email address			
Organisation (if relevant)				
Purpose of hire				
Conditions of hire:	DATE			
	Start time			
	Duration			
	Agreed charge			
Rooms to be used:		Sandgate Hall	The Zone	WHOLE
(Delete as appropriate)		Sanctuary	The Hub	CHURCH
		Sandridge Room (upstairs)	The Lounge	
		Kitchen (shared use, including equipment, except dishwasher)		
NOTE – Children's Birthdays parties are for 4 hours, including preparation and clearing away			∃V	

Risk Assessments (RA) - TICK those which apply:

✓	I will comply with the SMC Premises RA for meetings, Church Services and cleaning.
	I will comply with the SMC Birthday Party RA and have added on any additional specific hazards.
	An additional Activity Based RA is required, the person hiring the room is responsible for this.

You must be familiar with the one page "Fire Plan & Safety Notes for Internal/External Users" which is on the Church website under the Room Hire tab "Legal Documents", where the above RA are also stored.

Invoicing Details	Full name	
(If different from	Address	
above)	Mobile number	
	Email address	

<u>Invoices</u> will be sent by email and must be paid in within 10 days.

Tables and chairs are located in the cupboard in Sandgate hall and should be returned after use.

Care must be taken to note fire exits and procedures.

All rooms - including the toilets - must be left in a clean and tidy condition.

All cleaning equipment is located in the cleaner's cupboard by the toilets (key hanging in tall kitchen cupboard). Failure to do so will result in an additional charge being made for cleaning.

The church is not insured for the use of bouncy castles for parties, therefore where these are hired, the hirer is responsible for insurance cover.

No alcohol shall be taken onto or consumed on the premises.

Any damage must be reported to the Church emergency church contact below and a charge may be made.

Please note there is a hot water urn, but tea and coffee are not provided.

Church emergency	Full name		
contact details	Mobile number		
SIGNED		WITNESSED	

SIGNED	WITNESSED	
	(on behalf of SMC):	
Name	Name	
Date	Date	