LIVE BORDERS
LIVE LEISURE LIVE CULTURE LIVE SPORT

CUSTOMER NO:	INVOICE NO:

Venue Name _____

Date of Let(s) _____

Purpose of Hire _____

Organisation _____

Name of Hirer _____

Address _____

_____

Postcode _____ **Telephone** _____

E-mail _____

Account to
(if different from above) _____

_____

Postcode _____

Telephone _____

Finance Code _____ (internal only)

FOR OFFICIAL USE
Basic ☐ Affiliated ☐
Commercial ☐

Duty Officer: _____
Remarks: _____

Signed:
Date:

Accommodation (eg. hall/room)	Date	Times Required From	Times Required To	Actual Times From	Actual Times To	Charge
						£
						£
						£
						£
						£
						£
						£
						£

Dressing Rooms	yes ☐	no ☐	
Bar	yes ☐	no ☐	
Extra Facilities (plus VAT)			
Theatre Lighting (number of lights used)	yes ☐	no ☐	£
Public Address	yes ☐	no ☐	£
Other:			£
Preferred style of layout			
Number Attending		Number of Seats	
Number of Tables			
Would you like Live Borders to advertise your booking via. Social Media	yes ☐	no ☐	

Performing Rights: (please tick)

Governing body holds PRS Licence ☐
Name of Body: _____
Already have a PRS licence ☐
Do not play music which requires a PRS licence ☐
Exempt from PRS eg. private party/wedding ☐
Add PRS to my invoice ☐

£

Total Charge £

Declaration I accept full responsibility and liability for this booking and subsequent let. I ensure I/we wil Live Borders Conditions of Let and that I/we will follow all instructions relating to this booking and let from Live Borders staff at all times.

Name _____ **Date** _____

PLEASE NOTE:

Incomplete forms will be returned for completion before a hire will be accepted.

Information provided by you on this form may be shared with other Live Borders departments.