**Lesnes Abbey Lodge - Room Hire**

**APPLICATION FORM**

Please complete using BLOCK CAPITALS and refer to the attached notes as necessary. Once complete, please return to the address below. You will be contacted regarding confirmation of your booking and arrangements for payment.

**Email**: [lesnesabbey@bexley.gov.uk](mailto:lesnesabbey@bexley.gov.uk) (Preferred option)

**Postal**: Lindsey Weaver, Parks & Open Spaces, Civic Centre, 2 Watling Street, Bexleyheath, Kent, DA6 7AT

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| --- | --- | --- | --- | --- |
| **EVENT NAME** |  | | | |
| **Date Of Event  (if multiple/ongoing, please specify dates/duration)** |  | | | |
| Hire Times | Start Time |  | Finish Time |  |
| **(remember to allow time for setting up your event and also clearing up after your event)** | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **YOUR ROOM REQUIREMENTS** | | | | | | |
| Full Community Centre |  | Room 1 (with toilet and garden) | | |  | |
| Room 2 (with sink) | | |  | |
| Number of attendees |  | Wheelchair user? YES/NO | | |  | |
| Event Description |  | | | | | |
| Room layout required | Boardroom | |  | Classroom | |  |
| Other  (Please Specify) | |  | | | |
| No. of Tables (rectangular) |  | No. of chairs | | |  | |
| Will you be having a DJ/music? |  | Will you be having catering? | | |  | |
| Will you be serving alcohol? |  | Will you be charging attendees? (if yes, please specify costs) | | |  | |

|  |  |
| --- | --- |
| **YOUR CONTACT DETAILS** | |
| Name of Hirer |  |
| Name of Organisation (if applicable) |  |
| Address (including post code) |  |
| Telephone |  |
| Email Address |  |

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| **INSURANCE DETAILS** | | | | |
| Do you have public liability insurance with an indemnity limit of not less than £5,000,000? (If yes, please attach a copy of the schedule) | Yes |  | No |  |
| If you do not have public liability insurance with an indemnity of £5,000,000 you will be included onto the London Borough of Bexley’s insurance policy for a premium equivalent to 7% of the hire fee. (Only applicable for private hire) | | | | |