**HIRING REQUEST FORM**

**Name of Client:**

**Venue Required**:

Are you a Registered Charity? Yes/No If yes please specify:

Are you affiliated to Unit/ Military? Yes/No If yes please specify:

Address:

Billing Address (If different):

Tel number:

Email address:

**Purpose of Hire:**

**Date(s) Required**:

**Timings (Please complete all below)**

Set up time :

Event Start time :

Event Finish time :

Breakdown/exit time :

**Number of people** :

**Requirements:**

Large Hall

Small function room

Classroom(s): specify number required

Bar

Kitchen

Parking

Accommodation (where applicable)

Other (please specify)

Catering (where available)

Do you hold your own Public Liability Cover (min £2,000,000): Yes/No

**Any other details:**

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Signature Print: Date:

When completed please return to em-offcadets@rfca.mod.uk