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Community Voluntary Service Booking Form

**43 Bromham Rd Bedford MK40 2AA | Tel: 01234 354366 | Email: info@cvsbeds.org.uk**

**Hire of Equipment**

I/we confirm that the information below is correct; and should I/we become aware of any alterations to these arrangements I/we will contact CVS as soon as possible.

|  |  |
| --- | --- |
| **Name of Organisation** |  |
| **Contact Name for Booking** |   |
| **Contact Details** | Telephone number: | Email Address: |
| **Date(s) Requested:** |  |
| **Equipment Required*****(please tick and indicate quantity)*** |  | Required *(please tick)* | Number required |
| Urn (£5 per day) |  |  |
| A1 Flip Chart (£5 per day) |  |  |
| Projector (£5 per day) |  |  |
| Laptop (£5 per day) |  |  |
| Display Boards Table Top (£5 per day) |  |  |
| Display Board Full length(£5 per day) |  |  |
| Collection Tins (donation) |  |  |
| **Arrangements for picking up and dropping off equipment** |  |
| **Any other requirements****(*please state)*** |  |

I/we agree to ensure that equipment is returned clean and in good working order and to report any damage or malfunction that has arisen.

Signature: …………………………………………………… Print Name: …………………………………….

Organisation: ……………………………………………………………………………………………………..

Address: ……………………………………………………………………………………………………………

Date: ……………………………………………………………………………………………………………….

**Ref: 43 F Equipment Booking Request Form - revision Oct 2016**