University of Oxford

Faculty of Music

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HOLYWELL MUSIC ROOM BOOKING FORM

Event Details:

Date of event: ……Title of event: ……..

Arrival time: …… Start time of the event(s): …….. Departure time: ……..

Name of group/performers: ……..……...

Number of performers: …… Estimated Attendance: ……Type of event: ……....

Event to be recorded: Y / N Filmed: Y / N Fees for commercial filming or recording need to be agreed

Equipment required: Harpsichord: Y / N Piano: Y / N Tuning is included in the piano hire fee

Contact Details/Billing Address:

Name of Organisation (if applicable): .....

Name: .....

Address: .....

E-Mail: ..... Tel. No: .....

Please name a supervisor if the person taking charge of the event is different from the hirer:

Name / Tel. No: ……..……..……

Room Hire:

☐ Student rate requested (attach written proof) ☐ Half-day rate requested (only on Sundays)

☐ I enclose payment with this form (preferred method) ☐ I would prefer to be invoiced

If you choose to pay by cheque, please make your cheque payable to University of Oxford.

Are you bringing in additional electrical equipment: Y / N
If yes, has it been electrically (PAT) tested and approved? Y / N Will your music be amplified? Y / N
I/we have adequate insurance, and have advised the musicians/performers to obtain their own insurance Y / N

☐ I / we confirm that there will be no theatrical or dance element to this performance
☐ Our event falls within the remit of the Risk Assessments received
☐ I/we confirm that I/we will familiarise ourselves with the layout and Fire and Safety precautions before the event begins

I confirm that I have read the *Notes for Hirers, Booking Information and Conditions of Hire* and in signing this form I show my acceptance of these on behalf of the Organisation and myself.

Signed: …….. Date: …….

This section to be **left blank.** A copy of this form will be at the Lodge to be completed on arrival.

The keys will only be given out by Wadham College Lodge to the Hirer / Supervisor (named above) on signing this form and naming the Stewards (2 stewards 0-99 people, 4 stewards 100-200 people).

COMPLETE ON ARRIVAL

Name of Hirer / Supervisor (as above):……...Signature:……...
Names of Stewards
(1) …… (3)……

(2) …….…….. (4)……

Housekeeping: Please inform the Conference Office next day if heating or lights are left on as the client will be charged.
Lodge: Please inform the Conference Office next day if the alarms are set off as the client will be charged
LODGE: FORM TO BE RETURNED TO THE CONFERENCE OFFICE AFTER EVENT

PLEASE NOTE: this booking form is valid only for one event and one date.
June 2009