

Room/Workshop Hire – Enquiry Form

Please pay special attention to the points highlighted in **RED**

Name of Group/Organisation:																													
Contact Name:																													
Address:																													
Contact Phone Number:																													
Email:																													
Date Required:																													
Time Required (please state specific start and end time of event and if additional time is required for setup and clearout) **Set up and clearout time MUST be indicated at time of booking**																													
Number of Sessions Required:																													
Proposed Event:																													
Technical/Equipment Requirements: (Available - Multimedia projector, slide projector, DVD player, flip chart w/ paper, CD player, screen) Please note if you are hiring the performance space and require use of the in-house PA system, you must cover the cost of technician. * Please specify if you need a technician for set up on the day.....																													
Seating/Stage Area Requirements: <table border="1"> <tr> <td>117 Seats</td> <td>10 rows</td> <td>4" 3'</td> <td>x 38"</td> </tr> <tr> <td>105 Seats</td> <td>9 rows</td> <td>7"</td> <td>x 38"</td> </tr> <tr> <td>96 Seats</td> <td>8 rows</td> <td>9" 7'</td> <td>x 38"</td> </tr> <tr> <td>84 Seats</td> <td>7 rows</td> <td>12" 5'</td> <td>x 38"</td> </tr> <tr> <td>72 Seats</td> <td>6 rows</td> <td>15" 1'</td> <td>x 38"</td> </tr> <tr> <td>60 Seats</td> <td>5 rows</td> <td>18"</td> <td>x 38"</td> </tr> <tr> <td>48 Seats</td> <td>4 rows</td> <td>20" 7'</td> <td>x 38"</td> </tr> </table>	117 Seats	10 rows	4" 3'	x 38"	105 Seats	9 rows	7"	x 38"	96 Seats	8 rows	9" 7'	x 38"	84 Seats	7 rows	12" 5'	x 38"	72 Seats	6 rows	15" 1'	x 38"	60 Seats	5 rows	18"	x 38"	48 Seats	4 rows	20" 7'	x 38"	
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Tea/Coffee Required: Cup of tea/coffee -€1.50 If additional catering required please let us know																													
Insurance (do you hold public liability insurance? Please provide copy of current cover)																													

Billing/Invoice Address:	
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Please note the following :

- **There is a fee for any cancellations made without sufficient notice. We would ask that any cancellation is made with at least 24 hours notice. For further queries please contact cmccmormac@leirimcoco.ie**

For Office Use Only: Amount Due: Booked/Authorised By: ____