

Beccles Caxton Club

Founded 1890

Headquarters

Gaol Lane

Beccles

Suffolk

NR34 9SJ

Chairperson : Mark Wigg**Secretary :** Donna Knights
(07528 113177)**Treasurer :** Sean Stock
(07771 677801)

tel : 01502712829 email : secretary@becclescaxtonclub.co.uk

web : www.becclescaxtonclub.co.uk



APPLICATION FOR ROOM HIRE 2026 ONWARDS

HIRING NOTES

Please note - we do not allow bookings for 18th Birthday Parties

A £20 "Cleaning" deposit will be required with **ALL** bookings. This is refundable at the Club's discretion if the room is left clean and tidy**PLEASE NOTE : BLU-TAC & CELLOTAPE ARE NOT PERMITTED ON THE WALLS OF THE CLUB**

ALL fees to be paid at time of booking (Fully Refundable if we cannot accommodate your request, or if the Club has to cancel your booking)

We do not currently offering catering, however, please advise if you are providing your own, or have catering being provided

THE CLUB WILL ADVISE YOU AS SOON AS POSSIBLE IF YOUR ROOM HIRE APPLICATION HAS BEEN SUCCESSFUL**THE COMMITTEE RESERVES THE RIGHT TO ACCEPT OR REFUSE ANY APPLICATION**

<u>AREA</u>	<u>DAY</u>		<u>HIRE PER HOUR</u>
<u>FUNCTION ROOM</u>	SUN to FRI	<i>FUNCTION ROOM : Evenings are subject to a minimum charge of 4 Hours</i>	£ 15.00
	SATURDAYS		£ 20.00
<u>MAIN TV / DART ROOM</u>	ON REQUEST		£ 15.00
<u>WAKES (EITHER ROOM)</u> TEA & COFFEE INCLUDED	SUN to SAT	MINIMUM HIRE 4 HOURS @	£ 20.00

*ADDITIONAL HOURS FOR WAKES CAN BE REQUESTED AND WILL BE CHARGED PER ADDITIONAL HOUR***BESPOKE HIRE**

ANY

QUOTES GIVEN

YOUR BOOKING REQUESTNAME OF MEMBER HIRING * :

AREA REQUIRED *

DATE REQUIRED *

ROOM REQUIRED * Time
(From and To)FUNCTION TIME * Time
(From and To)

APPROX. ATTENDANCE *

AREA REQUIRED *	DATE REQUIRED *	ROOM REQUIRED * Time (From and To)	FUNCTION TIME * Time (From and To)	APPROX. ATTENDANCE *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*(Allow for Setup & Clearup)**(Function Start and End)**N.B. SETUP TIME MUST BE INCLUDED IF YOU REQUIRE ACCESS TO THE ROOM PRIOR TO YOUR FUNCTION START TIME.*PURPOSE OF HIRE * **CONTACT DETAILS**CONTACT NAME * :

MEMBERSHIP TYPE * :

ASSOCIATE

(Please Tick)

AMCOR

LIFE

ADDRESS * : POST CODE * : PHONE NUMBER * : EMAIL * : **OFFICIAL USE ONLY:**

DATE FORM RECEIVED

(DELETE AS APPLICABLE)

FEE PAID

PROCESSED BY

ACCEPTED / REJECTED