

## BALLYMENA SHOWGROUNDS APPLICATION FOR USE OF FACILITIES



## SPECIAL EVENT OR SINGLE BOOKING

Name of Organiser:					Invoicing Name:					
Company/Organisation:					Invoicin	g Address:	•			
Address:										
N/ 41 1 CD		G 1/G		7 (D 1	0.1	<b>N</b> T 1 \				
Method of Payr Contact No:	nent:	Cash/Cheque ☐ Invoice ☐ (Purchase Order Number):  Email Address:								
Date of Event:				Start Ti			End Time:	I		
Event Title:				Start II	me:		End Time:			
	-4 4b - D									
Name of Contac										
Numbers Atten	aing:									
Pleas	e tick releva	nt boxes	☑ and fill in a	ny furth	ier requ	iirements	:			
<b>Room/s Required</b> ✓		<b>AV Equipment Required</b>			uired <b>S</b>	<b><u>Layout Required</u> ✓</b>				
Des Allen 1/3		All audio visual opera			tions		Theatre Sty	le		
Des Allen ¾		are the client's responsi			sibility		Boardroom	Style		
Full Des Allen		and not the responsibility			lity of		U Shape	<u> </u>		
		the Council								
Des Allen Kitchen		Overhead/Data Proje			tor		Seated Fund	ction		
Dishwasher		Flip Chart					Standing			
Des Allen Bar		PA System					Classroom	Style		
Meeting Room										
Max.Capacity 12 people Boardroom Style Only			Lectern							
Please s further details: time/ la	pecify any layout set up yout/	ADD	XDAYS AFTER	AFF CO	STS.			5025		
catering	getc	N.B. 101	r catering please	contact	Cecina	Mic w nirto	er 028 2563 3	5025		
I hav	e read and a	gree wit	h the terms and	l condit	ions of	use overle	eaf.			
Signa	nture	Date								
Mid & Showg		Borough C	Council Tel: 028 25		.receptio	n@midande	eastantrim.gov	.uk		
For C	Office Use O	nly								
Deposit:	N/A or £						Rooking Rafe			
Total Cost:	Room/s: £				Booking Ref:  Caretaker Informed □					
Total Cost.		Cost/s. N/A or f					tion Sent			

Additional Staff Cost/s: N/A or £