

**Application for the use of accommodation at  
Brighton Friends' Meeting House.**

*Please return to : the Warden, Friends' Meeting House, Ship Street, Brighton BN1 1AF  
Telephone: 01273 770258, email: [admin@brightonquakers.net](mailto:admin@brightonquakers.net)*

**Please read the Conditions of Hire on the separate document before completing this form.**

**Name of organisation:**

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**Name, postal address, email and telephone number of the person responsible for the booking:**

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**Name, postal address, email and telephone number of the person responsible for payment if not the same as above:**

.....

**Date(s) of the proposed use of the premises and the times access required in the room.  
Please include time for setting up and clearing away. Rooms are booked for a minimum of 2 hours –  
Meeting room for a minimum of 3 hours on a Saturday.**

- 1,.....
- 2,.....
- 3,.....
- 4,.....
- 5,.....
- 6,.....
- 7,.....
- 8,.....

**Purpose for which the premises will be used and the estimated size of the group:**

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**Room(s) to be hired.**

**Please circle the room (s) needed and tick the seating arrangement required.**

**Meeting Room** seats up to: 170 theatre style,    30 boardroom style,    30 group circle

**Lecture Room** seats up to: 60 theatre style,    20 boardroom style,    25 group circle

**Room 2** seats up to:        20 theatre style,        10 boardroom style,        20 group circle

**Room 3** seats up to:        25 theatre style,        12 boardroom style,        22 group circle

**Room 4** seats up to:        25 theatre style,        12 boardroom style,        22 group circle

**Room 6** seats up to:        17 in group circle    6 boardroom style

**Seating numbers are approximates.**

**Café Room**, please discuss use with the staff.

..... **PTO**

**Refreshments**

Will you be providing your own tea, coffee, biscuits: **Yes / No** (Please circle)

If yes please discuss access to catering equipment etc with the staff.

Do you require tea, coffee, biscuits to be served by the Meeting House, please note we provide refreshments up to 5.00pm Monday to Friday only: **Yes / No** (Please circle)

If yes please tell us the numbers expected:

.....  
At what times are the servings required:

.....  
We do not provide lunch but you are welcome to order in sandwiches etc, please discuss this with the staff.

**Equipment use.** Please circle what you require.

Flipchart (no charge but £5.00 for additional pad)

DVD/TV (£5.00)

OHP, not data projector (no charge)

Projector screen (no charge)  
for ground floor rooms only.

Projector stand (no charge)

movable whiteboard (no charge)  
for ground floor rooms only.

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\*Piano (£35.00 charge)

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\*Stage (20.00 charge)

\*Public address system (£15.00 charge)

\*Stage lighting (£20.00 charge)

\*For use of the above please discuss with the staff.

**Please let us know how you heard about using Friends Meeting House:**

**Thank you.**

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**Form of Indemnity. This has to be signed and dated if the booking is to be confirmed.**

To: Brighton Quaker Meeting of the Religious Society of Friends,  
Friends' Meeting House, Ship Street, Brighton BN1 1AF

We the undersigned, in consideration of our being allowed by the above named to use the premises and facilities of the Brighton Friends' Meeting House for the purpose set out overleaf on the dates and for the times stated in the foregoing application, hereby undertake and agree:

- a.** To make good to the satisfaction of the said Quaker Meeting any damage which may be occasioned to the said premises and to the furniture, fixtures, equipment and chattels therein by reason of such use.
- b.** to accept responsibility for, and to indemnify the said Quaker Meeting in respect of all claims whatsoever which may be made against us or the said Quaker Meeting directly or indirectly by reason of such use.
- c.** to pay forthwith any incidental expenses by reason of such use as may be notified by me to the said Quaker Meeting.

I confirm I have read the conditions of use and agree, on behalf of the organisation named below and with their permission, to comply with them.

Name of organisation: .....

Date: ..... Personal Signature: .....

Description of status (secretary etc.) .....