



Battle Town Council



Wedding Booking Form

Before completing this form, please ensure you have read and understood the terms and conditions relating to the hire of the Council Chamber and/or Garden Arbour.

We will hold any provisional booking for fourteen days. No booking can be accepted unless we have a copy of the Registrar's Advance booking form and the £100 non-refundable deposit payment.

Please note: It is your responsibility to liaise directly with the Superintendent Registrar of marriages to ensure he/she is available for the date and time arranged. For more information, please contact East Sussex Registration Service on 0845 330 1400 or www.eastsussex.gov.uk/registration.

| | | |
|-------------------|--|--|
| Type of ceremony: | Civil wedding <input type="checkbox"/> | Civil partnership <input type="checkbox"/> |
|-------------------|--|--|

| | |
|-------|---|
| Venue | Council Chamber \ Garden Arbour* <small>*Please note the venue reserves the right to move ceremonies indoors due to weather conditions</small> |
|-------|---|

| | | |
|-------------------------|------|-------|
| Day & date of ceremony: | Day: | Date: |
|-------------------------|------|-------|

| | | |
|--------------------|----------------|-----------------|
| Times of Ceremony: | Starting time: | Finishing time: |
|--------------------|----------------|-----------------|

| | | |
|-------------------------------|---------------|-----------------|
| Times of Arrival & Departure: | Arrival time: | Departure time: |
|-------------------------------|---------------|-----------------|

1. Personal details

| | |
|--------------------|--|
| Lead Partner Name: | |
|--------------------|--|

| | |
|---------------|--|
| Partner name: | |
|---------------|--|

| | |
|--------------------------------|--|
| Postal address (inc postcode): | |
|--------------------------------|--|

| | |
|----------------------------------|--|
| Main telephone number (inc STD): | |
|----------------------------------|--|

| | |
|--------------------------|--|
| Mobile telephone number: | |
|--------------------------|--|

| | |
|----------------|--|
| Email address: | |
|----------------|--|

2. Facilities

| | |
|---------------------------|--|
| Number of seats required: | |
|---------------------------|--|

| | |
|-------------------------|--|
| Total number of guests: | |
|-------------------------|--|

| | |
|-----------------------------------|---|
| Will you be serving refreshments? | YES/NO <small>Please note the kitchen is not certified for food preparation and all clearing up must be completed before departure</small> |
|-----------------------------------|---|

By submitting this form and paying the hire deposit you agree to abide by the Wedding venue Hire Terms & Conditions

Signed: Lead partner

Date:

OFFICE USE ONLY

Notes

Date form received

Entered into diary

Deposit received: Amount £..... Date:..... Receipt No:

Final payment received: Date..... Receipt No:

Venue Responsible Person