

**St Monica's Parish**  
**Application for the Hire of the Intimate Theatre**

521 Green Lanes, London N13 4DH

**TO BOOK:** Send the completed form to Crompton Payne, c/o 1 Stonard Road, London N13 4DJ  
e-mail [palmergreen@rcdow.org.uk](mailto:palmergreen@rcdow.org.uk)

Name of Organisation   
Objects of organisation

Contact Name (Print):  Phone   
Address:  E-Mail   
Post Code:

Name of Show:   
Reference Number   
Date(s) required:   
If less than full day (#), please give Start time:  End Time:

# If this time is exceeded, the charge will be for a full day  
Technician's fees will be based on these hours + PRS fee of £20 per show.

**Please write 'Yes' or 'No' in each box:**

Production mentioned on Box Office ansafone?   
If YES, please provide contact number   
Use your own additional Sound/Lighting effects?   
Fully licensed bar?   
Provide your own, non alcoholic, refreshments?   
Change to seating layout?   
\* Additional sound/lighting effects   
\* Extra microphones?   
\* Advertising board?

*\*Technician will invoice for these items separately*

**Further required Information:**

Max no. of people backstage:   
Will you use existing Orchestra Pit? (Seats 5)   
How many musicians to be seated in auditorium? \*

*\* NB This will restrict number of audience seats available*

Stage Manager: Name  E-Mail   
House Manager: Name  E-Mail

WE HEREBY APPLY TO HIRE THE INTIMATE THEATRE ON THE ABOVE DATES AND FOR THE STATED PURPOSE.  
WE AGREE TO ABIDE BY THE TERMS & CONDITIONS ATTACHED AND WE UNDERSTAND THAT THE  
**BOOKING IS NOT CONFIRMED UNTIL THIS FORM IS COMPLETED, SIGNED AND RETURNED WITH ALL MONEY DUE**

Signed: ..... Print name: \_\_\_\_\_

**Account Name: WRCDT St Monica Palmers Green; Sort Code: 40-05-20; Account number: 41096176**

*for office use only:*

Date of booking:

Deposit:  Estimated Charge