



**St Martin's Church:** Suez Road, Cambridge, CB1 3QD  
**St Thomas's Hall:** 17 Ancaster Way, Cambridge CB1 3TT  
Registered Charity No. 1131522

Church Office Manager: Fiona Stern [office@stm.org.uk](mailto:office@stm.org.uk); Office tel: 01223 519291;

**Booking application & formal agreement of hire/use of premises at  
St Martin's Church or St Thomas's Hall**

Complete sections 1-7 and 9 and return the form to The Church Office, St Martin's Church, Suez Road,  
CB1 3QD.

**1. Who is making the booking?**

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_ (write "Private" for a private booking)

Address: \_\_\_\_\_ Email address: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Mobile: \_\_\_\_\_

**2. Can your details be stored in the booking database**  Yes  No

For the St Martin's Cambridge Data Privacy notice please see the home page of our website:  
<http://stm.org.uk/>

**3. What is the booking for? (describe the event and how many people will be using the premises for your event)**

\_\_\_\_\_  
\_\_\_\_\_

**4. Is this booking for a one-off event or a recurring event?**

One-off Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Or

Recurring Day of the Week: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Start date: \_\_\_\_\_ End date (if known – see notice period): \_\_\_\_\_

**5. Details of the person responsible for the event.**

Name \_\_\_\_\_ Email address \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_ Mobile \_\_\_\_\_

**6. Which room(s) are needed for the event? (tick 1 option only)**

**St Martin's Church**

- Hall, dining room & kitchen
- Hall & kitchen
- Dining room & kitchen
- Lounge & kitchen
- Lounge, kitchen and garden

**St Thomas's Hall**

- Hall & kitchen
- Hall, kitchen & garden

**7. St Martin's only - is permission to serve alcohol requested?  Yes  No**

**8. Hire Rate:**

Refundable Deposit:

Hourly Rate: \_\_\_\_\_ Or Daily Rate: \_\_\_\_\_

Cleaning Charge: \_\_\_\_\_

Total: \_\_\_\_\_

**9. I have read and accept the Terms & Conditions for Room Bookings at St Martin's and St Thomas's and the Hire Rate:**

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

Name and role of the applicant \_\_\_\_\_

**10. Signature of person signing on behalf of St Martin's, Cambridge, PCC:**

Name and role of the representative of St Martin's PCC:

Date:

*A signed copy of this form to be given to the applicant.*