



مركز تطوير المهارات

Skills Development Centre - centre of fine arts and performing arts

HALL RESERVATION FORM

** Please use only block letters to fill the form

** Please use "√" mark to required columns

NAME OF HIRER:			
FULL ADDRESS:		TEL	
		MOB	
		FAX	
	P.O. Box:	EMAIL	

HALL REQUIREMENTS

DATE REQUIRED	TIME		HALL TYPE			REPEAT	
	START	END	FULL	HALF	STAGE	MONTHLY	WEEKLY

HALL FACILITIES

STAGE	SOUND	GREEN ROOM	CHAIR	OTHERS

TOTAL CHAIRS REQUIRED	
-----------------------	--

TARIFF (In Qatari Riyals)

		QUANTITY	UNIT PRICE	TOTAL
HALL	PER HOUR			
	FULL DAY			
			TOTAL	

DECLARATION:

I hereby declare that I have understood all the terms and conditions indicated in the attached 'Hall Rental Agreement' and hereby accept the same completely.

Signature :

Date :

FOR OFFICIAL USE ONLY	
..... (Received By) (Verified By)