

## LBMTC Hall Reservation Request Form

1. Event Host: Name of the Organization/ Responsible Person: \_\_\_\_\_

2. Full Address with Mobile No. and Mail Id. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Date and Time of Event: \_\_\_\_\_

4. Duration of Event / Program \_\_\_\_\_ Hours

5. Contact Person / In-charge Name \_\_\_\_\_ Mobile No. \_\_\_\_\_

6. Type of Event / Program \_\_\_\_\_

7. Denominational Affiliation of the Organization \_\_\_\_\_

8. Other Services required \_\_\_\_\_

Date :

Signature:

Name :

Note: i) Availability will be confirmed by email or phone.

ii) Reservation will be confirmed only after the payment of Caution Deposit.

iii) This form is incomplete without the signed terms and conditions form attached to it.