EASTERN CARIBBEAN CENTRAL BANK

APPLICATION FORM FOR USE OF THE SIR CECIL JACOBS AUDITORIUM

Date of application		
Hirer		
Name:		
Address:		
Contact numbers:		
Detailed Purpose of Event: *(please attach a programme for the event)*		
Date of Event:		
Time of Event:		
Type of organisation: *(tick where appropriate)*	**Profit** ☐	**Non Profit** ☐
Dress rehearsal: *(tick where appropriate)*	**Yes** ☐	**No** ☐
Would a fee be charged for this performance?	**Yes** ☐	**No** ☐
Number of persons to attend function:		
Special requirements (Seating):		
Special requirements (equipment):		
Authorised Signature:		
FOR ECCB USE ONLY		
Date application received:		
Approved:	**Yes** ☐	**No** ☐
Signature:		

EASTERN CARIBBEAN CENTRAL BANK

APPLICATION FORM FOR USE OF THE MALTIN MOVING CONFERENCE CENTRE

Date of application		
Hirer		
Name:		
Address:		
Contact numbers:		
Detailed Purpose of Event: *(please attach a programme for the event)*		
Date of Event:		
Time of Event:		
Type of organisation: *(tick where appropriate)*	**Profit** ☐	**Non Profit** ☐
Dress rehearsal: *(tick where appropriate)*	**Yes** ☐	**No** ☐
Would a fee be charged for this performance?	**Yes** ☐	**No** ☐
Number of persons to attend function:		
Special requirements (Seating):		
Special requirements (equipment):		
Authorised Signature:		
FOR ECCB USE ONLY		
Date application received:		
Approved:	**Yes** ☐	**No** ☐
Signature:		