



Talbot Heath School Trust Limited Lettings

Rothesay Road
Bournemouth
Dorset
BH4 9NJ

APPLICATION FOR THE HIRE OF FACILITIES

CONTACT INFORMATION

(Please use block letters)

NAME OF CLUB OR ASSOCIATION.....

MAIN CONTACT NAME.....

ADDRESS.....

.....

TELEPHONE NO: MOBILE:

E-MAIL:

BILLING CONTACT (IF DIFFERENT) NAME.....

ADDRESS.....

.....

TELEPHONE NO: MOBILE:

E-MAIL:

BOOKING INFORMATION

DAY/DATE REQUIRED..... TIME REQUIRED.....

ACTIVITY OR EVENT TAKING PLACE

FACILITY REQUIRED:

Tennis Courts
Drama Studio
Main Hall
Music Studio
Dining Hall

Sports Hall
Classrooms
ICT Suite
Drama Studio
Assembly Hall

Netball Courts
Music Block
Art Room
Swimming Pool

EQUIPMENT REQUIRED.....

ROOM LAYOUT please continue on a separate sheet if necessary.....

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WILL THERE BE A PUBLIC ENTERTAINMENT OR PUBLIC PERFORMANCE OF A PLAY.....YES / NO*

DO YOU INTEND TO APPLY FOR A TEMPORARY EVENT NOTICE.....YES / NO*

IS THIS A PRIVATE / PUBLIC FUNCTION*.....*Delete as appropriate.

ESTIMATED NUMBERS ATTENDING.....ADULTS.....UNDER 18's

IF YOUR ACTIVITY INCLUDES CHILDREN UNDER THE AGE OF 18 PLEASE CONFIRM THAT ALL RELEVANT CRB CHECKS HAVE BEEN UNDERTAKEN ON ALL YOUR STAFF WHO WILL BE ASSISTING IN YOUR ACTIVITY BY SIGNING BELOW.

NAME.....SIGNED.....DATE.....

CATERING REQUIREMENTS

TEAS and COFFEES	Yes/No	DETAILS.....
LIGHT REFRESHMENTS	Yes/No	DETAILS.....
SANDWICHES	Yes/No	DETAILS.....
HOT/COLD BUFFET	Yes/No	DETAILS.....
HOT LUNCH	Yes/No	DETAILS.....
3 COURSE MEALS	Yes/No	DETAILS.....

PUBLIC LIABILITY INSURANCE

I enclose evidence of Public Liability Insurance cover of £10 million.

DECLARATION

- I hereby apply for use of the facilities stated in accordance with the scale of charges and Conditions of hire.
- I am over 18 years of age.
- Full payment (including insurance premium if applicable) totalling £..... is enclosed with this application.*
- I am making a regular, repeat booking with a fee per session (including insurance premium if applicable) of £.....and prefer to be invoiced termly. I agree to settle each invoice within 7 days of the receipt of invoice.*

*Delete as appropriate.

Signature.....Date.....

Please return this application form duly completed with your payment to the Finance Director at the above address.

THANK YOU FOR YOUR BOOKING

For Office use only:

Date Form Received..... Entered into diary Y/N..... Date Booking Confirmed.....
Date Invoiced Received on..... Receipt No.....