

# FACILITY BOOKING FORM

## APPLICANT INFORMATION

Name of Organisation/Individual:

Contact Person:

Address:

Phone Number:

Email Address:

## FACILITY DETAILS

Facility Requested:

☐ Sports Hall

☐ Classroom

☐ Outdoor Area

☐ Other (please specify):

Purpose of Use:

Number of Participants:

Age Group of Participants:

## BOOKING DETAILS

Date(s) Requested:

Time(s) Requested:

☐ Start Time

☐ End Time

## ADDITIONAL REQUIREMENTS

Equipment Needed:

☐ Tables

☐ Chairs

☐ Sports Equipment (please specify):

☐ Other (please specify):

Special Arrangements/Requests:

## INSURANCE AND COMPLIANCE

Do you have public liability insurance?

☐ Yes

☐ No

If yes, please provide details:

Do you agree to comply with the school's health and safety regulations?

☐ Yes

☐ No

## DECLARATION

I, the undersigned, agree to abide by the terms and conditions set by the school for the use of its facilities. I understand that failure to comply with these terms may result in the cancellation of my booking.

Name:

Signature:

Date:

## FOR OFFICE USE ONLY

Booking Approved:

☐ Yes

☐ No

Approved By:

Date:

Comments: