

Application for the Hire of QEGSMAT Premises

Booking Information

Name and Address of Organisation:	
Contact/Bookers Name:	
Contact/Bookers Number	
Contact/Bookers Email	
Invoice Contact Details (email and telephone) <i>if different from above</i>	
Activity/Event (e.g. football/cricket etc.)	

Letting Request

Access Times			Sessions Required		Facilities Required (Please tick)							Hire Cost	
Day requested	Start date/time	End date/time	Repeat weekly	No of sessions (without a break)	Sports Hall	Main Hall	Gym	Astro (not flood lit)	Astro (flood lit)	Dance Studio	Classroom	Unit Price	Total Price
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Total cost of series:	
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I personally undertake:

1. To agree to abide by the terms and conditions.
2. To return this form no less than 14 days prior to the date of the requested Letting.
3. To pay in full or by agreed installments. Preferred payment method of BACS.

Additional Notes

Include any additional information *i.e. chairs required, cricket nets etc. (please note: not all request will be approved)*

By signing this application, you agree to abide by the Terms and Conditions of Hire and provide a copy of your Public Liability Insurance

Signature

Signed		Date	
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For Office Use Only

Letting Approved	Invoice No & Date Sent	Invoice Amount	Sports Exempt Y / N
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