

Co-op Academy Bebington Booking Form

Name of Applicant:	
Personal Address:	
Contact details: Home:	Mobile:
Email:	
Name of Organisation:	
Activity of Organisation:	
Registered Charity/ Company No:	
Details of premises requested for Hire:	

DAY OF WEEK REQUESTED <i>(please indicate with a X cross)</i>						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Start time:		Finish Time:	
-------------	--	--------------	--

(please allow time for the preparation and clearing up of your activity)

DATES REQUIRED	
Start Date:	End Date:

Other information		Details
Electrical Equipment to be brought in	Y/N	
Car Parking Arrangements requested	Y/N	
Age Range of Participants		
Maximum number of participants		
Number of supervising adults		

Dates during the year when areas of the school will be unavailable due to school use or closure will be issued at the beginning of the school year in September. These dates may be subject to change, but prior notice will always be given if the premises become unavailable due to unforeseen circumstances. The Hirer confirms that adequate and appropriate insurance cover is in place for the activity to be carried out (see Terms & Conditions for further details). The Hirer confirms that arrangements are in place with reference to First Aid (see Terms & Conditions for further details). The Hirer undertakes to comply with the regulations regarding the use of own electrical equipment (see Terms & Conditions for further details).

I HAVE READ AND UNDERSTOOD THE POLICY AND CONDITIONS REQUIRED OF ME AS A HIRER.

Signature: Print Name: Date:
...../...../.....

BACS/EFT payments to: Co-op Academy Bebington

Sort code 30-95-42

Account: 82193468