SPORTS CENTRE ONE OFF INDOOR BOOKING FORM:

Booking Details:								
Name of Team/Group:								
Session Contact Name:								
Session Contact Number:								
Session Contact Email:								
Contact name of person paying:								
Email address:								
Safeguarding Officer Contact Name:								
Safeguarding Officer Contact Number:								
Safeguarding Officer Contact Email:								
Fire Officer Contact Name:								
Fire Officer Contact Number:								
Fire Officer Contact Email:								
Activity:								
Gymnasium	Classroor	n 🔲 Lal	ceside	∏½ Spo	rts ha	II		
Facility Full Sports Hall	□Sp	Sports hall Court Please indictate court No. 1 2 3 4						
Date; Day	:		Start & Finish	n times:				
Payment Methods	ParentPay		Bank Trar	nsfer		Cash		
Are you affiliated to an NGB	Y/ N	Affiliated body & number;						
Do you require Centre equipm	ent?			1		Y/ N		
If yes please state the equipme	ent?							
If you are storing equipment p	•	_						
list of equipment with (where a health & safety and insurance		I HOS CELLINGALED DIOVIDED						
Is the session for juniors? Y/								
If yes, please provide a copy of	the Safeguardi	ng and Child	protection po	olicy that i	is follo	owed wit	h the bookin	g form
Please tick to show the pol	J	•		•				J
nave read, understand and agr nfirm that the organisation on w thorised agent empowered to ac Please tick this box if you are ha	hose behalf I am cept these conc	applying a	ccepts them weir behalf.	rithout res	servati	ion and t	-	-
ROUP REPRESENTATIVE:	, , , , , , , , , , , , , , , , , , , ,		., [<i>,</i>				
gned:	Name:			Date:			KIRK HALI	LAM DEMY

Official Use: Staff Initials: Date of confirmation: Price: