SPORTS CENTRE INDOOR BLOCK 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 Con | | | | | | | | | | | | |
| Activity | | | | l | | | | | | | | |
| Facility | Gymnasium | | Classroor | | m | Lakeside | all | ☐ ½ Sports Hall | | | | |
| | Full Sports Hall | | | Sports hall Court Please indictate of | | | | | tate cour | t No. 1 | 2 3 | 4 |
| First session date | | | | | | Last sessio | n d | late | | | | |
| Times | | | | | Day | | | | | | | |
| Payment Methods | | ☐ Car | Card | | | Bank Transfer | | | | | | |
| Dates not attending | | | | | | Are you affiliated to an NGB | | | | | No |) |
| | | | | | | Affiliated body & number | | | | | | |
| Do you require Centre equipment or need | | | | | to store equipment? | | | | | | Y/ N | N |
| If yes please state the Sports Centre equipment you need | | | | | | | | | | | | |
| If you are storing equipment please provid | | | | | | | | | ntory pro | vided | | |
| with (where appropriate) health & safety a information | | | | nd insurance | | | | ☐H&S | ያS certificated provided | | | |
| Is the session for juniors? Y/ N | | | | | | | | | | | | |
| If yes, please pr | ovide a copy | of the S | Safegu | arding | and (| Child proted | ctio | n policy | that is fo | ollowed v | with th | ne booking form |
| ☐ Please tick t | o show the p | olicy ha | s beer | n provid | ded w | vith the con | nple | eted boo | oking for | m. | | |
| I have read, understand and agree to the terms and condition of hire at Kirk Hallam Community Academy. I confirm that the organisation on whose behalf I am applying accepts them without reservation and that I am their duly authorised agent empowered to accept these conditions on their behalf. Please tick this box if you are happy for the Sports Centre to advertise/ promote your session. | | | | | | | | | | | | |
| GROUP REPRES | | | | | | _ | | | KIRK HALLAM | | | |
| Signed: | | | . Nam | e: | | | ••••• | ••••• | Date: | ••••• | | COMMUNITY ACADEMY |
| Official Use: Staff Initials: Dat | | | Date | e of confirmation: | | | | Price: | | | | |