SPORTS CENTRE OUTDOOR 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 Contact Email:						
Activity						
Facility Tennis crt Please indictate court No. 1 2 3 4 Redgra						
1/3 AGP Please indicate pitch number 1 2 3 Full AGP						
First session date	date Final Session Date					
Times	Day					
Payment Methods	Bank Transfer					
Dates not attending	Are you affiliated to an NGB Yes No					
	Affiliated body & number					
Do you require Centre equ	store equipment? Y/ N				Y/ N	
If yes please state the Spor	nt you need					
lf you are storing equipme (where appropriate) health				ded		
Is the session for juniors? Y/ N						
If yes, please provide a copy of the Safeguarding and Child protection policy that is followed with the booking form						
Please tick to show the policy has been provided with the completed booking form.						
I have read, understand a I confirm that the organisa duly authorised agent emp Please tick this box if yo	ation on whose beh powered to accept	alf I am apply these conditi	ying accepts ons on their	s them withou r behalf.	t reservatior	n and that I am their
GROUP REPRESENTATIVE: Signed: Date: Date:						