SPORTS CENTRE ONE OFF OUTDOOR BOOKING FORM:

Booking Details:								
Name of Team/Group:								
Session Contac								
Session Contact Number:								
Session Contact Email:								
Contact name of person paying:								
Email address:								
Safeguarding Officer Contact Name:								
Safeguarding Officer Contact Number:								
Safeguarding (
Fire Officer Co								
Fire Officer Co								
Fire Officer Co								
Activity:								
F 1124	Tennis o	Tennis crt Please indictate c			2 3 4	Redgra		
Facility:	☐ 1/3 AGI	1/3 AGP Please indicate pit			1 2 3	Full AGP		
Date;		Day:			Start & Finis	h times:		
Payment Methods Pa		rentPay 🔲 Bank Transfer 🔲 Cash						
Are you affiliated to an NGB Y/ N			Affiliated body & number;					
Do you require	e Centre equip	ment?					Y/ N	
If yes please state the equipment?								
If you are stori	ide a list	e a list Inventory provided						
If you are storing equipment please provide of equipment with (where appropriate) heal								
safety and insurance information.								
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 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 REPRESENTATIVE:								KIDK HVII VVV
Signed:		Naı	me:			Date:		COMMUNITY ACADEMY

Official Use

Staff Initials: Date of confirmation: Price: Parent Pay Information