

APPLICATION TO HIRE FACILITIES



NAME OF CLUB/ORGANISATION		
NAME AND ADDRESS OF SECRETARY/ORGANISER		
TELEPHONE NUMBER	Home:	Work:
FACILITY REQUIRED		
ACTIVITY TO BE CARRIED OUT		
DAY		
DATE/S REQUIRED	From:	To:
TIME REQUIRED	From:	To:
(Block booking exclusion dates)		
Remittance/Cheque enclosed	Amount £	

I hereby agree to be bound by the Conditions of Hire, a copy of which I have received.

ORGANISERS SIGNATURE _____ **DATE** _____

NOTES

Booking times include setting up and clearing away of equipment.

Cancellation must be made in writing a minimum of **NINE** days prior to your booking to avoid incurring charges.

The Academy Governors reserve the right to alter the booking arrangements.

This application will not be accepted without the overleaf **Form of Guarantee** being completed in full.

A copy of the clubs insurance policy being produced

Name and Contact of the clubs Child Welfare Officer (only applies to clubs catering for Under 18's)

Evidence of up to date qualified First Aiders

Affiliation Number (only applies to clubs

FORM OF GUARANTEE

(Please use **BLOCK CAPITALS**)

I *(insert full name)*

of *(insert full address)*

I hereby agree to act as a Guarantor for the payment of the charge as laid down by the Academy

Governors for use of the facility by *(insert name of Sports Club, Organisation or Company)*

I understand that in the event of any account relating to the charges payable being unpaid after a period of 28 days of the account being submitted to any officials of the Club, Organisation or Company detailed in this application, then I will be held personally liable for such charges.

Signed

Dated

Torquay Academy, Cricketfield Road, TORQUAY, Devon, TQ2 7NP

Academy Admin Office: 01803 329351

Academy Check List	Seen	Run Out Date
Public Liability Insurance Documents		
Child Protection Policy (if applicable)		
Child Welfare Officer Name (If applicable):		
Qualified First Aiders:		
Affiliation Number (If applicable)		

Charge sheet		
Areas of use	Rate	Totals
Total charge of hire:		
Frequency of Invoice:	Amount per invoice:	

Payment schedule	
September	
October	
November	
December	
January	
February	
March	
April	
May	
June	
July	
August	

Signed by hirer: (To confirm agreement):

Print:

For Official Use Only		
Signed by Facilities Manager _____		
Signed by Finance Director _____		
Date Received _____	Booking Accepted/Refused	Client No. _____