

# SPORT - REGULAR HIRER BOOKING FORM 2016



<b>Organisation/Club Name</b>			
<b>Nominated Organisation/Club Contact</b> please give details of the person who is the main point of contact for this booking. If you have a Treasurer please give details on the back of this form.			
<b>Name</b>			
<b>Address</b>			
<b>Postcode</b>		<b>Tel. Number</b>	
<b>Mobile</b>		<b>Email</b>	

Is the above named person in charge during the session? Yes  No  (fill in their details on back)

<b>Facility to be hired</b>			
<b>Do you require:</b>	Changing Facilities <input type="checkbox"/> Lifeguards <input type="checkbox"/> Umpire Changing <input type="checkbox"/> Flood Lights <input type="checkbox"/>		
<b>Equipment to be hired</b> <small>(e.g. sports equipment)</small>			
<b>Day of Hire</b>	Mon <input type="checkbox"/>	Tues <input type="checkbox"/>	Weds <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/>
<b>Referring to the school term dates overleaf is your hire?</b> Term time only <input type="checkbox"/> Term time and school holiday <input type="checkbox"/>			
<b>Dates Required</b>	Starting on		Ending on
<b>Time Required</b>	<small>(Access is only allowed at time of booking. Booking time is 55 minutes to allow for 5 minute changeover)</small>		
	Start Time		End Time
<b>Approx. number of people expected including number of cars</b>	Participants		Spectators
			Total cars on site

- Is your club/organisation VAT exempt Yes  No  Unsure
- Does your club/organisation have a child protection policy? Yes  (please send a copy) No
- Does your club/organisation have third-party liability insurance? Yes  (please send a copy) No
- Is your club/organisation a business/sole trader? Yes  No
- Is your club/organisation a not-for-profit organisation? Yes  No
- Is your club/organisation a registered charity? Yes  No

**Charity Number** \_\_\_\_\_

**Other information** please give your other contact details here, or any other information that you feel is relevant to your request

**Invoice information – Please provide name and email for invoices to be sent:**

Name:.....

Email:.....

Telephone Number:.....

If you would prefer your invoice to be posted, please provide postal address:

**Please return completed forms to:**

**Sir Ben Ainslie Sport Centre  
Truro School  
Trennick Lane  
Truro  
Cornwall  
TR1 1TH**

**Email: [sport@truroschoo.com](mailto:sport@truroschoo.com)  
Tel: 01872 246050**

**Truro School Term Dates**  
**2015/2016**

**Autumn Term:**

3<sup>rd</sup> Sept - 16<sup>th</sup> Oct  
2<sup>nd</sup> Nov - 15<sup>th</sup> Dec

**Spring Term**

7<sup>th</sup> Jan - 12<sup>th</sup> Feb  
22<sup>nd</sup> Feb - 24<sup>th</sup> Mar

**Summer Term**

18<sup>th</sup> April - 27<sup>th</sup> May  
6<sup>th</sup> June - 8<sup>th</sup> July

Signature:

Print Name:

Date:

Office Use only	<b><u>EZ</u></b>	<b><u>T&amp;C issued</u></b>	<b><u>Conf. Issued</u></b>	<b><u>Pool Manager</u></b>	<b><u>Prep School</u></b>	<b><u>Caretakers</u></b>
<b>Initial</b>						
<b>Date</b>						

Additional Comments: