1 Russell Road, Locking, WSM, BS24 7NH

Telephone: 01934 404 555

Email: [info@parklandset.org.uk](mailto:info@parklandset.org.uk)



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| **FACILITIES REQUIRED** | | | | | | | |
| **PURPOSE OF HIRE** | | | | | | | |
| **All hirers must have Public Liability Insurance Cover.**  Please provide a copy of policy with this booking form. Copy of Public Liability Insurance policy attached \* | | | | | | | |
| **If your booking falls on a bank holiday, please note below if you do not wish to hire on this date.**  **Term Time Only** \* **All Year Round** \* | | | | | | | |
| **SPECIAL REQUIREMENTS** | | | | | | | |
| **DAY OF WEEK** | **START DATE** | **FINISH DATE** | **Total**  **Number of sessions** | **START TIME** | | **FINISH TIME** | **Hours per session** |
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| **Applicants name:** | | | | | | | |
| **Address:**    **Tel:**  **Email:** | | | | | | | |
| **Name of Organisation:** | | | | | | | |
| **I agree to the terms and conditions stated within the lettings policy and agreement and understand that failure to comply with these will result in the termination of the letting.**    Signed:    Print name:    Date: | | | | | | | |
| **Hourly charge** |  | | | |  | | |