

**Serco Leisure
SPECIAL EVENT BOOKING FORM**



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|---|--|--|--------------|
| Name of Organisation: | | Name of Hirer: | |
| Address of Hirer: | | Tel. No. (Day): | |
| | | Tel. No. (Evening): | |
| | | Email Address: | |
| Name and Address to which account should be sent if different from above: | | | |
| Date of Event: | | Time of Event: From: To: | |
| Additional Setting Up Time (if applicable): | | | |
| Type of Event: | | Spaces / Area Required: | |
| Approximate Number of Users / Guests etc.: | | Spectators: | |
| Supervision / Staffing <i>(Please advise of supervision / staffing you propose to provide, along with details of qualifications / competence of personnel)</i> | | | |
| Supervision / Staffing Provided by the Centre <i>(Please advise of staffing / supervision you expect us to provide)</i> | | | |
| Equipment to be Supplied by Hirer: <i>(Please note test certificates will need to be provided where appropriate, e.g. for electrical equipment)</i> | | Other Equipment Required: <i>(To be supplied by the Centre & for which there may be a charge)</i> | |
| Catering Requirements (if applicable): | | Bar Extension Required: Yes: <input type="checkbox"/> No: <input type="checkbox"/> | |
| Safety: <i>(Please advise of any specific safety issues we should be aware of)</i> | | | |
| Insurance Do you hold public liability cover? | | Yes: <input type="checkbox"/> No: <input type="checkbox"/> | |
| Name of Insurance Company: | | Cover Amount: | Expiry Date: |

No booking is confirmed until a Booking Confirmation Form has been received by the hirer.

The cost of the above hiring will be invoiced in advance of the event date. In addition a £ deposit will be required upon confirmation of the booking. I hereby make an application to book the required space and other facilities as detailed above and I acknowledge and accept the Leisure Centre's Conditions of Hire attached. I agree to pay the total fees due on demand.

Signed: Date: