

Community Centre Booking Form

Please complete all Sections

Section 1 – Group Details									
Full Name of Group:									
Purpose of Group:									
Geographic Area Covered by Group:									
Section 2 – App	Section 2 – Applicant Details								
Full Name 9 Address of names making application and assessment for a sure sure									
Full Name & Address of person making application and responsible for payment Surname: Forename(s):									
Address (include Flat No)									
,									
Postcode:									
Home Tel No:			1	Business Tel No:					
Section 3 – Membership Details									
NA la la in Ni		N.4-1-		Famala		T-+-1			
Membership Nun	nbers:	Male		Female		Total			
Age Groups:	Under 5		5-12	12-16		Over 16			
		•	•		•				
Section 4 – Purpose of let/Activity to be undertaken									
Section 4 - Full	ose of let,	Activity to	be under	акеп					
-		<u> </u>							
Please indicate (b	oy ✓) propo:	sed activity o		*.					
Please indicate (b	oy ✓) propo:	sed activity o		*: Sports/Games					
Please indicate (b Extra Curricular/S Youth Club	oy ✔) propos School Relat	sed activity o		*: Sports/Games Social Activity	lass				
Please indicate (b	oy ✔) propos School Relat	sed activity o		*: Sports/Games	lass				
Please indicate (b Extra Curricular/S Youth Club	oy ✓) propo: School Relat vity	sed activity o		*: Sports/Games Social Activity	lass				
Please indicate (b Extra Curricular/S Youth Club Fund Raising Activ	oy ✓) propos School Relat vity Details :	sed activity o	or business	*: Sports/Games Social Activity Adult Education C	lass				
Please indicate (b Extra Curricular/S Youth Club Fund Raising Activ *Please Provide D	oy ✓) proposition of the propos	sed activity of	or business	*: Sports/Games Social Activity Adult Education C	lass				
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Please indicate (b Extra Curricular/S Youth Club Fund Raising Activ *Please Provide D Name of Supervis (Please note supe	oy ✓) proposition of the propos	sed activity of ed e of activity is the aged 18	or business	*: Sports/Games Social Activity Adult Education C	lass				
Please indicate (b Extra Curricular/S Youth Club Fund Raising Activ *Please Provide D	oy ✓) proposition of the propos	sed activity of ed e of activity is the aged 18	or business	*: Sports/Games Social Activity Adult Education C	lass				

Section 5 – Let Requirements										
Please indicate (by ✓) frequency of let:										
Daily	Weekly *	Fortnightly	Monthly							
*Please specify Number of Lets per week Date(s)/Times Requested:										
•	Finish Date	Start Time	Finish Time							
Please note – part hours will be charged at full hourly rate										
Declaration										
I declare the foregoing to be a true and accurate statement and accept responsibility for payment of all charges, including damage to property as a result of occupancy of premises. I have read and accept the Conditions of Let and understand that all activities must be organised in accordance with Elderpark Housing Association's policy and that failure to disclose any relevant information may lead to the let being cancelled or altered/additional charges being made. It is a requirement that all cancellations must be notified in writing to Elderpark Housing Association at least 3 working days prior to the let taking place. Failure to comply with this condition will result in the full cost of the let being levied.										
Signature of Applicant:										
Position Held:										
Date:										
	Daily ify Number of Letses Requested: Date part hours will be ancluding damage to conditions of Let and using Association' and cancelled or all the ment that all cancerking days prior to st of the let being Applicant: Applicant:	Daily Weekly * Ify Number of Lets per week Ses Requested: Date Finish Date Part hours will be charged at full hour Declaration foregoing to be a true and accurate stancluding damage to property as a result penditions of Let and understand that all using Association's policy and that failuring cancelled or altered/additional chargement that all cancellations must be not rking days prior to the let taking place. Set of the let being levied. Applicant:	Daily Weekly* Fortnightly If y Number of Lets per week Is Requested: Date Finish Date Start Time Part hours will be charged at full hourly rate Declaration Foregoing to be a true and accurate statement and accept resoncteding damage to property as a result of occupancy of premonditions of Let and understand that all activities must be orgusing Association's policy and that failure to disclose any releging cancelled or altered/additional charges being made. It is ment that all cancellations must be notified in writing to Elde rich grays prior to the let taking place. Failure to comply with st of the let being levied. Applicant:							

Please read the attached Conditions of Let Carefully

Elderpark Housing Association Limited

31 Garmouth Street Glasgow G51 3PR Tel: 0141 440 2244

E.mail: admin@elderpark.org