

# SPORTING EVENTS BOOKING FORM



## Hirer Details

Name	Fax No
Telephone No (Daytime)	Telephone No (Evening)
Address  <input type="checkbox"/> Invoice address	E-mail Address
If acting on behalf of a business, club, organisation etc please state its full name and address plus your position there	
Name of organisation: Address:   Your position in the organisation:  <div style="text-align: right;">Invoice address <input type="checkbox"/></div>	
Please state which of the above addresses to use for invoicing purposes	

## Booking Details

Day and Date of event(s) <i>(If booking a series of dates please circle on the calendar attached to this form)</i>	
Activity	Time From: To:
Expected Numbers	Is the activity exclusively for 0-19 yr olds? Yes <input type="checkbox"/> No <input type="checkbox"/>

## Facilities Required

Sports Hall <input type="checkbox"/>	Gym <input type="checkbox"/>
MUGA <input type="checkbox"/>	Football Pitch (grass) <input type="checkbox"/>
Changing Rooms <input type="checkbox"/>	Playing Fields <input type="checkbox"/>
Other requirements (please specify)	
Please note that hirer's own electronic equipment must be PAT tested. We can arrange this for a fee if necessary.	

## Insurance

All hirers must have public liability insurance with minimum cover of £5,000,000  
*See Terms and Conditions for details.*

Name of Insurer	
Policy Number	
Expiry Date	
Limit of Indemnity	
<b>Please enclose a copy of the insurance certificate when returning this form</b>	

## References

Please give the contact names & addresses of two organisations we may contact for a reference (including previous/current premises used):

1.

2.

## Declaration

- I undertake to pay the appropriate hiring charges
- I have read and agree to be bound by the TERMS & CONDITIONS OF USE
- I agree to indemnify the college against any claims for loss or damage or personal injury or any associated costs arising from this agreement

Signature:

Date:

Once fully completed, this booking form and a copy of your public liability insurance certificate and other documentation (if applicable) must be returned to:

By Post to:  
Hayley Wooding  
Community Business Manager  
Carmel College  
The Headlands  
Darlington  
DL3 8RW

By e-mail to:  
hwooding@carmel.org.uk

## Sports Clubs/Organisations only

### National Governing Body Accreditation

Is your club accredited with the relevant National Governing Body? (e.g. FA Charter Standard Status, Clubmark.)

Yes, we have the following accreditation award (please give details)

.....

We are working towards an accreditation award (please give details)

.....

No.

### Policies

Does your activity involve working with children (u18) or vulnerable adults?

Yes

No

Does your club/organisation have the following policies in place?

Club code of conduct and procedures;

Health and Safety;

Quality Assurance

Child Protection/Safeguarding (including the role of the Welfare Officer).

If not will these policies be in place prior to the letting starting?

Yes

No

***Copies of all policies should be sent to the College with the booking form***

### Certificates/Qualifications

If you are planning to deliver coaching activities, does the coach or leader possess appropriate qualifications?

Yes     No

If yes, please give details.....

If this coaching involves young people (under the age of 18), have all the coaches and other adults involved in the activity been CRB checked

Yes     No

*Please provide details on separate declaration.*

**FOR OFFICE USE ONLY**

<b>Agreement</b>	Approval of hiring by Principal
	Date

<b>Payment</b>		£	p
	Fee payable for first month		
	VAT (if applicable) @ 20%		
	Total Payable		
	<b>Customer Number:</b>		