Application form

APPLICATION FORM FOR USE OF FACILITIES

To be completed by applicant:

Name of applicant	
Name of organisation (if applicable)	
Contact	Phone E.mail
Hall / room required	
Date(s)	
Time	From to
Number of attendees	
Set up of room (theatre, classroom, etc).	
Certificate of public liability insurance available	Yes / No
Child protection policy available	Yes / No
Nature of activity	
Church catering required?	Yes / No
Details	
Equipment required?	Yes / No
Details	
Technician required?	Yes / No
Signature: **Date:**	