

AGREEMENT			
TO BE SIGNED BY A PERSON AUTHORISED TO DO SO ON BEHALF OF A GROUP/ORGANISATION			
I/we agree to abide by and confirm to the above conditions covering the hire of the College premises.			
NAME/ JOB TITLE & ORGANISATION			
ADDRESS			
CONTACT NUMBER:- EMAIL ADDRESS:-			
SIGNATURE		DATE	

BOOKING FORM

SPORTSHALL		DRAMA STUDIO		DINING HALL	
CLASSROOM		COMMUNITY LOUNGE		GRASS PITCH	
TENNIS COURT(S)		NETBALL COURT(S)		FITNESS ROOM	
ALL WEATHER PITCH 1/3		2/3 PITCH		WHOLE PITCH	

	START		FINISH
DATE			
TIME			

MON		TUES		WED		THURS		FRI	
This booking is to run from:					Detail No. of Weeks				

Please indicate if you have any other specific requirements: E.g.: room layout, AV equipment, etc.	
Invoice address: (if different to hirer)	
FOR INTERNAL USE ONLY	
Payment amount agreed £	