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| --- | --- |
| Name of Applicant/Group/Organisation: |  |
| Address of organisation: |  |
|  |
|  |
|  |
| Telephone Number: |  |
| Email Address: |  |
| Activity of Organisation: |  |
| Details of facilities requested (Hall, Dance Studio etc) |  |
| Date: |  | **Start Time:**  |   | **Finish Time:** |  |
| (please allow time for your preparation and clearing up) |
| Use of School Equipment (please specify your request: e.g. Tables, Chairs) |  |
| Details of any equipment to be brought in |  |
| Max No. of Participants: |  | **Age Range of Participants:** |  |
| No. of Supervising Adults: |  |
| Relevant Qualifications of Adults: |  |
| Where relevant have DBS checks been carried out? When? By Whom? Please list details below: |
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| Name of Hirer (please print) |  |
| Signature of Hirer |  |
| Date: |  |