**APPLICATION FOR HIRE OF COLLEGE PREMISES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ORGANISATION:                                        NAME OF CONTACT:** | | | | | |
| **ADDRESS:                                                  ADDRESS FOR INVOICING:** | | | | | |
| **TELEPHONE NO                                             DAY                                  EVENING** | | | | | |
| TYPE OF ACCOMMODATION REQUIRED - please write the number of each in the boxes | | | | | |
|  | | | | | |
| |  |  | | --- | --- | | Classroom |  | | Home Economics |  | | Hall |  | | Drama Studio |  | | Hall & Stage |  | | Lecture Theatre |  | | Dome Restaurant |  | | Band Room |  | | | | | | |
| **Full Restaurant Facilities are available with internal catering or external catering provided by the Hirer.** | | | | | |
| **NATURE OF ACTIVITY** | | | | | |
| Brief description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
|  | | | | | |
| MAIN USERS (e.g. General public, Young musicians) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **DATES REQUIRED** | | | | | |
| DAY                                                                        DATES                                             START TIME                                FINISH TIME | | | | | |
|  |  | | |  |  |
|  | | | | | |
| **TOTAL NUMBER OF SESSIONS** | |  |  | | |
| **Notes** | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| Signature of Applicant:                                                              Date: | | | | | |

**Confirmation Hire Form**

I have read and fully understood the conditions for the hire of facilities.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/role\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_