**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_