



Booking Application

This form is an application **NOT** a booking

DETAILS

Name of Organisation		Home Phone	
Name of Contact Person		Work Phone	
Position Held		Mobile Phone	
Address			
Email Address		Number of Participants	
Name of Event			
I authorise the use of my contact details to advertise my activity/activities by the Centre.	Yes: <input type="checkbox"/>		No: <input type="checkbox"/>

CLASSIFICATION (Please tick relevant box)

Voluntary & Senior Hire Rate (No charge / fee to group members)	Community Group (Members / club fee charged and all proceeds used for group)	Social Enterprise Group (Members / payment to individual / providing community, social activity)	Corporate Group (Business/ Commercial Hire)	Once Off	Block Booking
				<input type="checkbox"/>	<input type="checkbox"/>
				Seasonal	Annual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tick which age bracket will be using the facilities from your group and give approximate numbers in each.

0-3 yrs	4-7 yrs	8-11 yrs	12-15yrs	16-18yrs	18yrs+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No.	No.	No.	No.	No.	No.

INSURANCE

Does your group hold a current public liability policy?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
<p>Please note that Fettercairn Community and Youth Centre clg requires all commercial, voluntary and community groups to indemnify "Fettercairn Community and Youth Centre" and "South Dublin County Council" on their insurance policies. Group hirers must have a minimum of 6.5 million euro public liability insurance.</p>			
TYPE OF INSURANCE AND LIMIT OF LIABILITY	COMPANY NAME	POLICY NUMBER	
COMMENCEMENT AND EXPIRY DATES			

(A COPY OF YOUR INSURANCE POLICY MUST BE SUBMITTED TO FCYCLG WITH YOUR SIGNED CONDITIONS OF HIRE)

PAYMENT ARRANGEMENTS (PLEASE TICK)

Cash and Receipt	<input type="checkbox"/>	Monthly Invoice	<input type="checkbox"/>
Cheque	<input type="checkbox"/>	Quarterly Invoice	<input type="checkbox"/>
Card	<input type="checkbox"/>	Yearly Invoice	<input type="checkbox"/>
Will your group be charging a participant fee for each individual in your group? If so, please tick appropriate box and give details below:		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

FACILITIES AVAILABLE FOR HIRE

GROUND FLOOR		Grounds		FIRST FLOOR	
Sports Hall		All Weather Pitch		Meeting Room 1	
Meeting Room		playground		Butterfly Room	
Youth Space		carpark			

BOOKING DETAILS

DATE REQUIRED	DAY / EVENING			TIME IN AM/PM	TIME OUT AM/PM

PLEASE NOTE: THESE PREMISES ARE MONITORED BY CCTV

EQUIPMENT REQUIRED

Yes:

No:

If yes please complete Equipment Required form and outline your requirements.

SIGNATURE

I understand the Conditions of Hire (attached) and confirm that I accept them on behalf of my group / organisation and confirm that the above organisation holds a public liability policy to a minimum value of 6.5 million.

Signature		Date	

(ALL BOOKINGS ARE TENTATIVE UNTIL THE HIRER RECEIVES WRITTEN CONFIRMATION)

FOR OFFICE USE ONLY

Entered into system:

YES / NO

Confirmed booking:

YES / NO

Deposit received:

YES / NO

Booking No: _____ Date: _____ Client Category: _____

Sports hall user policy signed: YES / NO

All Weather Pitch user policy signed: YES / NO

Terms and conditions included:
YES / NO

Staff:

Rental amount agreed

Payment method: Cheque / Cash