

Booking Request Form

Club / Organisation _____

Contact Name _____

Official Status President Secretary Treasurer
 Other.....

Contact Telephone No. _____

Invoice Address _____

Facility ECO Centre Astroturf Main Hall
 Gym Sports Hall Classroom
 Other.....

Date Start: _____ Finish: _____

Times From: _____ To: _____

Type of Event _____

Frequency of use Weekly Monthly Term Time Only

Additional Facilities Other, Seating Tables IT Technician
 IT Equipment Catering Site Management
 Other.....

Number of Delegates Adults: _____ Juniors: _____

Confirmation of Conditions in place: CRB Risk Assessment 3rd Party Insurance

I, the undersigned, have read and agree to the Terms and Conditions of hire

Signature _____

Date _____

Costs to be completed by booking team:

- Hire Cost per hour
- Hire Cost per session
- Additional Facilities costs
- Insurance (10%) overall cost
- VAT
- Total Cost**

Invoice to be paid in full by.....

Confirmation of Booking

Booking Team Member Signature _____

Date _____



**Castlegate Drive
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Cumbria
CA13 9HF**

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Facsimile:
01900 898889

Headteacher:
Mr G J Walker
BA, MBA

