

# 2017/18 Academic Year Letting Application Form

Please complete in BLOCK CAPITALS and in black ink.

Sections marked **\*must** be completed or your application form will be returned.

Your fully completed application form must be received at least **10 working days** before the date required.

## Personal details

*Organisation/Group	<input type="text"/>	*Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
*Name and Address of person applying & Treasurer	<input type="text"/>		
	<input type="text"/>		
	*Postcode <input type="text"/>		
*Telephone number	<input type="text"/>	*Day time telephone number	<input type="text"/>
Email address	<input type="text"/>		
Contact name of <b>Lead Coach</b>	<input type="text"/>		<b>Telephone Number</b> <input type="text"/>
*Is this group a voluntary or commercially run organisation?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
If <b>Yes</b> , please give details.			
<input type="text"/>			
*Copy of groups insurance documentation <b>must</b> be enclosed with application	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
*Venue required, please circle	<input type="text"/> St Ninians Upper or St Ninians Lower		
*Facility	<input type="text"/>	(Sporthall, Astro, Gym, Classroom etc)	
*Nature of Event	<input type="text"/>		

## \*All Dates Required

## \*All Required Hours

Please see charge sheet for minimum hours required.

1	<input type="text"/>	From	<input type="text"/> am/pm	To	<input type="text"/> am/pm
2	<input type="text"/>	From	<input type="text"/> am/pm	To	<input type="text"/> am/pm
3	<input type="text"/>	From	<input type="text"/> am/pm	To	<input type="text"/> am/pm

Please complete further dates over page. Where a booking is for the complete school year it may be easier to advise of the dates **not** required i.e.: Mondays term time only excluding half term/bank holidays/Christmas and Easter.

Discounts are available for voluntary groups involving children in full-time education. If you wish to apply for a discount, please complete the following and note that the information will be subject to checks.

\*Present Club/Association Membership  Adults  Children (in full-time education)

## Declaration

\*I  (name in BLOCK CAPITALS)

confirm that I have read and understood the Terms and Conditions and accept the current charges. I agree to take responsibility for the members of my organisation and to adhere to the regulations. I understand that failure to do so may result in future bookings being withdrawn. I certify that my group is entitled to the child discount based on the current club membership stated above. **If this section is left blank the full charge will be made.**

Signed

Date

 /  / 


**\*All Dates Required**

**\*All Required Hours**

4		From	am/pm	To	am/pm
5		From	am/pm	To	am/pm
6		From	am/pm	To	am/pm
7		From	am/pm	To	am/pm
8		From	am/pm	To	am/pm
9		From	am/pm	To	am/pm
10		From	am/pm	To	am/pm
11		From	am/pm	To	am/pm
12		From	am/pm	To	am/pm
13		From	am/pm	To	am/pm
14		From	am/pm	To	am/pm
15		From	am/pm	To	am/pm

- Please note, your application form **will** be returned if you have not completed all the required sections as marked \*.
- If you wish to apply for the child discount you must put the Adult/Child numbers on the form. **If this section has been left blank the full charge will be.**
- Please note the discount is not available to groups that are not run on a voluntary basis.
- Please remember that setting up and clearing up times must be included in the times requested on your application.
- Children's birthday parties will be charged at the full rate, the child discount is not applicable for these events.
- Groups are **not** authorised to use the facilities until an invoice has been issued confirming the facilities have been reserved.
- Please read the Terms and Conditions of Hiring Department Premises carefully before completing this application form.

The Department sometimes has enquiries from people wishing to join groups/clubs. If you **do not** wish us to release your name and telephone number please sign below. If this section is not completed it will be assumed that you have no objection to us releasing the relevant information.

**Name**

**Date**

**Send completed form to:** Lettings Department  
St Ninians High School  
Douglas  
Isle of Man  
IM2 5RA  
  
Tel: +44 1624 648800  
Fax: +44 1624 648801  
Email: snhs.bookings@snhs.sch.im