## **Hire of St John's Primary School Premises**

Your Name				
Name of Organisation				
Address				
Contact Telephone Number	r(s)			
Will you be present during t	he letting period?	(Pleas	e circle answer) Yes / No	
			e and on site during the letting	
Name of Organisation				
Address				
Emergency Contact Number	or for during the let	tina na	riod	
Please state purpose of lett		ung po	nou	
a reason craite paripose or rest	9			
Please tick which facilities yo	ou require during t	he lettir	ng:-	
Swimming Pool			(see additional conditions for pool hire)	
Swimming Pool			(see additional containers for poor file)	
Classroom(s)			Number of classrooms required	
Classiconi(s)			Number of classicoms required	
Field/playground				
Fleid/playground				
Changing Rooms				
Main Hall				
Organisations require their o	wn public liability i e insurance? (P	nsuran	There is however access to drinking water. ce to cover liability of at least £5 million. ircle applicable answer) Yes/ No	
Occasional Use (s) Enter da	ate(s) and time(s)	that yo	u require the facilities	
Date:	Start time:		End time:	
Date:	Start time:		End time:	
Date:	Start time:		End time:	
Regular/repeating Booking	Select Day(s) of	the we	ek required and enter dates and times:-	
Every Monday / Tuesday /	Wednesday / Ti	nursday	/ / Friday	
	End date: End time:			

Will any weeks be missed during this period. If Yes, please state those dates below:-

This School is committed to safeguarding and promoting the welfare of this commitment. All hirers working with children are required to have the Disclosure & Barring Service) for those individuals working in School Hirer confirms that where relevant to the letting, all individuals will be	e a DBS disclosure at an appropriate level (as defined by pol premises on behalf of the hirer. By signing this form the
I undertake to pay the charges in relation to this letting	g and accept the terms and conditions of use.
Signed	Date