

## Lettings Booking Form



<b>Name of Applicant or Organisation:</b>			
<b>Name &amp; Address for Invoice:</b>			
<b>Contact name:</b>		<b>Contact No:</b>	
<b>Email Address:</b>			
<b>Purpose / Activity for which Letting is required:</b>			
<b>Circle which one is appropriate:</b> Private Club / Open to Community Participation For Sports Facility use please state whether for:                      Adult <input type="checkbox"/> Under 18's <input type="checkbox"/> Please list all details of dates and the start / finish times:			

Date(s) required	Start Time	Finish Time	Estimated Numbers	Payment Terms Agreed

Will this be a regular booking?    Yes     No   
 If so, what frequency?    Weekly     Fortnightly     Monthly

**Valid Third Party Public Liability Insurance must be in place for all lettings.**  
 I have provided a copy of our insurance documentation    YES / NO (delete which is not applicable)  
 If no insurance documentation is provided insurance must be arranged through the academy  
 Own insurance provided (copy attached)  Insurance required

I have read and agree to the BBG Academy's Terms and Conditions for lettings and accept personal responsibility for this letting and informing all participants of their responsibilities.  
 I accept the cancellation terms and conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Please return this form to BBG Academy for the attention of Lettings

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### BOOKING CONFIRMATION SECTION

**FOR ACADEMY USE ONLY**

Approved and processed on behalf of BBG Academy by:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Position in organisation: \_\_\_\_\_ Date: \_\_\_\_\_