

APPLICATION FOR HIRE OF FACILITIES

CASTLECAULFIELD PAVILION

Tel: 028 87 720370
Fax: 028 87 720380

SERIES OF BOOKINGS

SINGLE BOOKING

(Please Tick)

NAME OF CLUB/SCHOOL/ASSOC.	
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NAME/ADDRESS/POSTCODE _____

Address and telephone number must be shown to enable us to contact you to confirm your booking

TEL NOS: DAY _____ EVENING _____ MOBILE _____

PLEASE STATE REQUIREMENTS BELOW: -

DAY/DAYS REQUIRED	
DATES (INCLUSIVE)	
DATES NOT REQUIRED	
FACILITY REQUIRED	
SET UP REQUIRED	
TIME REQUIRED	

I HEREBY APPLY FOR THE USE OF FACILITIES, WHICH I HAVE DETAILED ABOVE AND UNDERSTAND THAT THE APPROPRIATE FEES ARE PAID BEFORE THE ACTIVITY BEGINS.

SIGNED: _____

DATED: _____

FOR OFFICE USE ONLY

DATE RECEIVED: _____

DAY BOOKED	
DATES (INCLUSIVE)	
DATES NOT AVAILABLE	
TIME REQUIRED	
NOTIFIED BY: -	

FORM CHECKED BY: _____
RECEPTIONIST PLEASE INITIAL