

APPLICATION FOR HIRE OF FACILITIES

DUNGANNON LEISURE CENTRE

CIRCULAR ROAD, DUNGANNON, CO TYRONE BT71 6DT

SERIES OF BOOKINGS SINGLE BOOKING (Please Tick)

NAME OF CLUB/SCHOOL/ASSOC.	
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NAME/ADDRESS/POSTCODE _____ <hr/> Address and telephone number must be shown to enable us to contact you to confirm your booking TEL NOS: DAY _____ EVENING _____ MOBILE _____
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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