



Block Hire Request 2009



Croft Sports Centre
Marlborough Lane, Old Town,
Swindon.
SN3 1RA.
Tel: (01793) 526622 Fax: (01793) 497006
Website: www.swindon.gov.uk/croft
Vat. No. 195504742

Information about You/Your Organisation

Organisation/Club	
Registered Charity No.	
Hirer's Name	
Address	
Postcode	
Contact Telephone No.	
Contact E-mail Address	

Information about your Booking Request

Facility/Room/Area required	
Activity	
Day(s) required	
Frequency required	
Start time	
Finish time	
Maximum attendance per session	

Do you require any equipment? Number of chairs Number of tables

Other equipment (please specify) _____

Do you require disabled access? Yes / No

Do you require catering? Yes / No

(N.B. Hirers shall not provide refreshments without prior written permission of the Centre Manager)

Will you be playing music? Yes / No

Will instruction of physical activities take place? Yes / No

(N.B. to enable us to process this request you must submit the following documents:

- a) instructor or club indemnity insurance
- b) current evidence of competency to instruct e.g. coaching certificate, affiliation to National Governing Body)

Insurance – Please delete clause (a) or (b) as appropriate

- a) I confirm that I/my organisation has appropriate insurance including £5million public liability cover, a copy of which is attached,
- b) I/my organisation does not have the required public liability insurance. Please invoice for appropriate cover at a cost of 15% of the hire fee.

Children/Young People and Vulnerable Adults – Please delete clause (a) or (b) as appropriate

- a) I confirm that there are no circumstances during the activity where adults have contact with children, young people or vulnerable adults where their parent, guardian or carer is not present,
- b) I confirm that my organisation is part of a national organisation that undertakes CRB clearance on its volunteers and employees and/or all adults working with children, young people or vulnerable adults are CRB cleared. Copies of clearances may be required and must be produced on request.

I agree on my own behalf, and on behalf of the Organisation that I represent, to comply with and be bound by the Conditions of Hire as laid down by the Council and with the General Regulations governing use of the Centre.

I declare that I am over 18 years of age.

Signature: _____ **Name in Print:** _____ **Date:** _____

Data Protection: The information you provide will be used by the Centre staff to book details onto the computer and to contact you as required. Your contact details may be shared with the Marketing Department for the purposes of direct mailing. If you do not wish your contact details to be shared, please tick this box.

Under the Data Protection Act, You can see your own personal information stored by the Council.

If you would like to know more about this please ask for the leaflet 'Access to your own Personal Information' or contact the Data Protection Officer at Swindon Borough Council, Civic Offices, Euclid Street, Swindon SN1 2JH

Block Hire Booking Agreement 2009

Please circle all dates required



Bank Holidays

Dates not available

January 2009					
Su		4	11	18	25
Mo		5	12	19	26
Tu		6	13	20	27
We		7	14	21	28
Th	1	8	15	22	29
Fr	2	9	16	23	30
Sa	3	10	17	24	31

February 2009					
Su	1	8	15	22	
Mo	2	9	16	23	
Tu	3	10	17	24	
We	4	11	18	25	
Th	5	12	19	26	
Fr	6	13	20	27	
Sa	7	14	21	28	

March 2009					
Su	1	8	15	22	29
Mo	2	9	16	23	30
Tu	3	10	17	24	31
We	4	11	18	25	
Th	5	12	19	26	
Fr	6	13	20	27	
Sa	7	14	21	28	

April 2009					
Su		5	12	19	26
Mo		6	13	20	27
Tu		7	14	21	28
We	1	8	15	22	29
Th	2	9	16	23	30
Fr	3	10	17	24	
Sa	4	11	18	25	

May 2009					
Su		3	10	17	24
Mo		4	11	18	25
Tu		5	12	19	26
We		6	13	20	27
Th		7	14	21	28
Fr	1	8	15	22	29
Sa	2	9	16	23	30

June 2009					
Su		7	14	21	28
Mo	1	8	15	22	29
Tu	2	9	16	23	30
We	3	10	17	24	
Th	4	11	18	25	
Fr	5	12	19	26	
Sa	6	13	20	27	

July 2009					
Su		5	12	19	26
Mo		6	13	20	27
Tu		7	14	21	28
We	1	8	15	22	29
Th	2	9	16	23	30
Fr	3	10	17	24	31
Sa	4	11	18	25	

August 2009					
Su		2	9	16	23
Mo		3	10	17	24
Tu		4	11	18	25
We		5	12	19	26
Th		6	13	20	27
Fr		7	14	21	28
Sa	1	8	15	22	29

September 2009					
Su		6	13	20	27
Mo		7	14	21	28
Tu	1	8	15	22	29
We	2	9	16	23	30
Th	3	10	17	24	
Fr	4	11	18	25	
Sa	5	12	19	26	

October 2009					
Su		4	11	18	25
Mo		5	12	19	26
Tu		6	13	20	27
We		7	14	21	28
Th	1	8	15	22	29
Fr	2	9	16	23	30
Sa	3	10	17	24	31

November 2009					
Su	1	8	15	22	29
Mo	2	9	16	23	30
Tu	3	10	17	24	
We	4	11	18	25	
Th	5	12	19	26	
Fr	6	13	20	27	
Sa	7	14	21	28	

December 2009					
Su		6	13	20	27
Mo		7	14	21	28
Tu	1	8	15	22	29
We	2	9	16	23	30
Th	3	10	17	24	31
Fr	4	11	18	25	
Sa	5	12	19	26	

Dates unavailable				
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Please tick preferred payment option: In Full Quarterly Monthly Termly
 (Schools only)

For Office Use:

Facilities booked on Flex Yes Date: ___/___/___ Flex No: _____

Copy Insurance Certificate received Yes / No Insurance Charge included at 15% Yes / No
 CRB Clearances available Yes / Not applicable Coaching Certificates available Yes / Not applicable

Facility Hire per Session £ Number of Sessions (A) Total Hire Charge £

Additional Charges: £ Insurance @ 15% Equipment £ Catering £

Instalments due monthly / quarterly / termly (B) Total Additional Charges £
 OR: Payment in full payable by (date): (A) + (B) Total Amount Due £

Payment received: £	Receipt No:	Date received: / /	Initis:
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