

PLEASE FILL IN BOTH SIDES OF THIS APPLICATION FORM INCLUDING SIGNATURE AND DATE
 Note: This form is an application NOT a booking. Following a successful application, the booking will be confirmed

Fingal Liam
 Rodgers CC

Phone: 01 8456496
 Email: fingallrcc@gmail.com
 Website:

FOR OFFICIAL USE ONLY
RECEIVED BY:
NAME:
DATE:
Copy of Insurance:

Expression of Interest Application Form

PLEASE NOTE ALL SECTIONS OF THE ABOVE FORM MUST BE FULLY COMPLETED
 (Please use **BLOCK CAPITALS**)

1. HIRER'S DETAIL

Name of Organisation		Home Phone Number	
Name of Contact Person		Work Phone Number	
Position Held		Mobile Phone Number	
Address			
Email address		Fax Number	
Name of Event		Number of Participants	

COMMUNITY CENTRE HIRE CHARGES ARE ATTACHED

2. CLASSIFICATION

Community Group (Small sub/club fee charged and all proceeds used for group)	Commercial Group (tuition/payment to individual)
<input type="checkbox"/>	<input type="checkbox"/>

(Please tick the relevant box)

Voluntary and Senior Hire Rates may apply to your booking. Please enquire for further details.

Once Off	Block Booking	Seasonal	Annual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Please tick the relevant box)

Please tick which age bracket will be using the facilities from your group and give approximate numbers of each

0-3 yrs.	No.	4-7yrs	No.	8-11yrs	No.	12-15yrs	No.	16-18yrs	No.	18+	No.
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

3. INSURANCE

Does your group hold a current public liability policy? Yes No

PLEASE NOTE THAT FINGAL LIAM RODGERS COMMUNITY CENTRE REQUIRES ALL COMMERCIAL, VOLUNTARY AND COMMUNITY GROUP HIRERS MUST HAVE A MINIMUM OF €6.5 MILLION PUBLIC LIABILITY INSURANCE. GROUPS MUST INDEMNIFY FINGAL COUNTY COUNCIL AND FINGAL COMMUNITY AND RECREATION SERVICES CLG

TYPE OF INSURANCE AND LIMIT OF LIABILITY	COMPANY NAME	POLICY NUMBER	COMMENCEMENT AND EXPIRY DATES

(A COPY OF YOUR INSURANCE POLICY MUST BE SUBMITTED TO FINGAL LIAM RODGERS COMMUNITY CENTRE WITH YOUR SIGNED CONDITIONS OF HIRE)

4. PAYMENT ARRANGEMENTS (PLEASE TICK)

Pay by Cash and Receipt (Over the Counter)

Monthly/ Quarterly Invoice/ Cheque

Will your group be charging a participant fee for each individual in your group? If so, please tick appropriate and give details below

Yes: Specify: _____

No: Specify: _____

All permanent bookings are renewable at the end of each calendar year. No booking will be held without a current booking form

5. HIRER'S SIGNATURE

FULL NAME: _____ SIGNATURE: _____ DATE: _____

(ALL BOOKINGS ARE TENTATIVE UNTIL THE HIRER RECEIVES WRITTEN CONFORMATION)

I understand the Conditions of Hire (attached) and confirm that I accept them on behalf of my group/organisation and confirm that the above organisation hold a public liability policy to a minimum value of €6.5 million

 Signature

 Date

PTO

Expression of Interest Application Form cont'd

6. FACILITIES AVAILABLE FOR HIRE

(PLEASE REFER TO ROOM FACILITIES FOR HIRE LIST FOR DETAILED ROOM DESCRIPTION)

(Please tick the relevant box)

PLEASE NOTE: THESE PREMISES ARE MONITORED BY CCTV

REF	AREAS	SIZE	
	GROUND FLOOR		
SHF	Sports Hall – Full Size	594m ²	<input type="checkbox"/>
DS	Dance Studio	62m ²	<input type="checkbox"/>
CR1	Community Room 1	9.4m ²	<input type="checkbox"/>
CR2	Community Room 2	31m ²	<input type="checkbox"/>
CR3	Community Room 3	36m ²	<input type="checkbox"/>
CR 2&3	Community Room 2 & 3 COMBINED	62m ²	<input type="checkbox"/>

Please note that additional charges apply for use of the following:

CR1	Changing Rooms		<input type="checkbox"/>
PROJ	Projector		<input type="checkbox"/>
FLPCT	Flipchart & Pen		<input type="checkbox"/>

7. BOOKING DETAILS

BOOKING TIMES MUST INCLUDE SET-UP, WARM-UP AND PACK-UP. PLEASE ENSURE THAT ALL EQUIPMENT IS RETURNED TO ITS ORIGINAL POSITION BEFORE THE END OF YOUR SESSION

Room Name or Reference	Date Required	Day/Evening	Time IN AM/PM	TIME OUT AM/PM

8. EQUIPMENT REQUIRED Yes No

Please outline your requirements for equipment. Please note: it is a condition of hire that the cost of any damage or repair occurring to this equipment will be billed back to the hirer

9. CHANGING ROOM:

Changing room facilities required? Yes No

Any special requirements? Yes No

If yes, give details: _____

FOR OFFICE USE ONLY

Entered on Computer: YES / NO

Confirmed Booking: YES / NO

Deposit received: YES / NO

Booking Number

Sports Hall Policy signed? YES / NO

Terms and Conditions encl: YES / NO

Staff:

Date:

Client Category:

Rental Amount Agreed: €

Payment Method: Cheque / Cash

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