

**Please complete and return to:**

**Stocksbridge Community Leisure Centre**

**Moorland Drive**

**Stocksbridge**

**Sheffield S36 1EG**

**groupbookings@stocksbridgeclc.co.uk**

**BOOKING APPLICATION FORM**

|  |  |
| --- | --- |
| Name of Group/Club: |  |
|  |
| Main Correspondence and Invoicing Address: |  |
|  |
| Secretary/Official Contact: |  |
|  |
| Home phone: |  |

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| --- |
|  |
| Mobile phone: |  |

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|  |
| Email Address: |  |

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| --- |
| Please outline the exact details of the facilities you require, including any other requests or relevant information we need to be aware of (for example, the number of bowling lanes required, number of badminton courts needed) |
|  |
| Area/Facility required: |  |
|  |
| Activity Taking Place: |  |
|  |
| Day(s) Required: |  |
|  |
| Start Date: |  | Finish Date (or ‘Ongoing’):If ‘ongoing’, your booking will be until the end of December each year until cancelled |  |
|  |
| Start Time of all Sessions: |  | Finish Time of all Sessions: |  |
|  |
| Estimated Numbers Attending Each Session: |  | Age range (if under 16yrs): |  |
|  |
| Do you have any special access requirement (for example, disabled access)? | **Yes / No** |
|  |
| Do you have any special equipment requirements? | **Yes / No** |
|  |
| Do you need access to changing room facilities and showers? | **Yes / No** |
|  |
| If this group requires fully qualified coaches/instructors, are you providing these?(We require copies of their relevant qualification certificates before the booking commences) | **Yes / No** |
|  |
| If the group includes or works with children under 16, have all the supervising coaches been DBS checked?(We require copies of their DBS certificates before the booking commences) | **Yes / No** |
|  |
| Will you have qualified First Aiders in attendance?(We require copies of their First Aid certificates before the booking commences) | **Yes / No** |
|  |
| Would your First Aiders be willing to act as First Aiders for other groups in the Centre during your session? | **Yes / No** |
|  |
| Does your club/group/organisation have your own event and/or public liability insurance cover?(We require copies of insurance certificates before the booking commences) | **Yes / No** |
|  |
| Please use this space to tell us anything else about your booking that you feel we should be aware of or any other special requirements |
|  |

* A copy of our full Terms & Conditions and Scale of Charges are enclosed.
Please read these and ensure you understand your responsibilities and in particular, the cancellations procedure.
* The changing rooms if used must be left clean and tidy.
* Any damage attributed to the hirers / users will be chargeable.
* There is to be NO SMOKING and NO ALCOHOL consumed in the building.

We aim to contact you as soon as possible to confirm if we can accommodate your requirements and provide a quote. Please note completion of this form does not guarantee your booking. A confirmation will be sent to you if your requirements are available.

|  |  |
| --- | --- |
| Signature of Club/Group Official: |  |
|  |
| Job Title / Designation / Capacity: |  | Date: |  |

**Data Protection**

* All information supplied is stored in accordance with the General Data Protection Act and will only be used for the purpose of managing your booking application, as well as supplying you with information that we feel will be of benefit to you.
* We will not pass your details onto any third party, but we may make you aware of offers from our corporate sponsors from time to time. Please tick here if you are happy for us to contact you with information or offers, not directly related to the booking applied for on this form 🌕
* For further details of our Privacy Policy, please refer to our web site: www.stocksbridgeclc.co.uk

4SLC for Stocksbridge Leisure Centre Trust t/as Stocksbridge Community Leisure Centre

Company Number: 08413664 Registered Charity Number: 1153527