**STOCKSBRIDGE COMMUNITY LEISURE CENTRE**

**MOORLAND DRIVE**   
**STOCKSBRIDGE**

**SHEFFIELD S36 1EG  
Tel: 0114 2883792**   
 **BOOKING APPLICATION FORM**

Please complete this form as fully as possible

Do your require lifeguards?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Club/Group |  | | | |
| Main correspondence and invoicing address: |  | | | |
| Secretary/Official contact: |  | | | |
| Contact details: | Telephone: |  | | |
|  | Mobile: |  | | |
|  | Email: |  | | |
| **Please outline in the section below, exact details of the facilities you require, to include;**   * Facility you wish to hire: * Activity taking place: * Start Date: * Finish Date: * Days required: * Start time of all sessions: * Finish time of all sessions: * Estimated numbers attending each session: * Age range (if under 16yrs): | | | | |
| Indicate here, any other requests or any relevant information we need to be aware of - (e.g. number of bowling lanes required, number of badminton courts needed);  YES/NO | | | | |
| If this group requires fully qualified coaches/instructors, are you providing these? | | | | YES / NO |
| If yes, name all attending with their relevant qualifications (you will be required to supply photocopies of qualifications as evidence at the next stage of the booking process) | | | | |
| If the group includes children under 16, have all the supervising coaches been DBC checked? - if so, you will need to supply a copy for validation at the next stage of the booking process) | | | YES / NO | |
| Do you have qualified First Aiders in attendance, if yes, name them (you will need to supply a copy of their certificate for validation at the next stage of the booking process) | | | 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 insurance cover for personal accidents? - if so, you will need to supply a copy for validation at the next stage of the booking process) | | | YES / NO | |
| Do you have any special access requirement (*e.g. 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 | |
| PLEASE NOTE  * 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. | | | | |
| Signature of Club official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / / | | | | |

**NOW RETURN THIS FORM TO:**

The Booking Office

Stocksbridge Community Leisure Centre

Moorland Drive,

Stocksbridge, Sheffield S36 1EG

**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.**