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| FOR OFFICIAL USE ONLY |
|-----------------------|
| RECEIVED BY: |
| Name: |
| Date: |
| Copy of insurance: |

Tyrrelstown Community Centre Booking Application

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

1. HIRER'S DETAILS

| | | | |
|------------------------|--|------------------------|--|
| 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

| Voluntary & Senior Hire Rate (No charge / fee to group members) | Community Group (Small sub / club fee charged and all proceeds used for group) | Commercial Group (tuition fees / payment to individual) |
|--|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(Please tick relevant box)

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

(Please tick relevant box)

Please tick which age bracket will be using the facilities from your group and give approx numbers in each.

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

3. FACILITIES AVAILABLE FOR HIRE (please tick your preference and state your type of activity)

(PLEASE REFER TO ROOM HIRE PRICE LIST AND ROOM DESCRIPTION)

| AREAS | SIZE | YES | NO | Type of Activity |
|--------------------------------|-------------------|-----|----|------------------|
| GROUND FLOOR | | | | |
| Sports Hall Full Size | 594m ² | | | |
| Sports Hall (North) Half Size | 297m ² | | | |
| Sports Hall (South) Half Size | 297m ² | | | |
| Meeting Room 4 | 20m ² | | | |
| Changing Rooms Male and Female | | | | |
| FIRST FLOOR | | | | |
| Childrens Activity Room | 80m ² | | | |
| Meeting Room 1 | 12m ² | | | |
| Meeting Room 2 | 20m ² | | | |
| Meeting Room 3 | 33m ² | | | |
| Dance Studio | 61m ² | | | |

Tyrrelstown Community Centre Booking Application cont'd

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

4. BOOKING DETAILS

| DATE REQUIRED | DAY / EVENING | TIME IN AM/PM | TIME OUT AM/PM |
|---------------|---------------|---------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

5. EQUIPMENT REQUIRED

Yes No

If yes please complete Equipment Required form and outline your requirements. Please note it is a condition of hire that the cost for any damage / repair occurring to this equipment will be billed back to the hirer.

6. CHANGING ROOM

Changing room facilities required? Yes No

Any special requirements? Yes No

If yes, give details: _____

7. INSURANCE

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

PLEASE NOTE THAT TYRRELSTOWN COMMUNITY CENTRE LTD REQUIRES ALL COMMERCIAL, VOLUNTARY AND COMMUNITY GROUP HIRERS MUST HAVE A MINIMUM OF €6.5 MILLION EURO PUBLIC LIABILITY INSURANCE. GROUPS MUST INDEMNIFY TYRRELSTOWN COMMUNITY CENTRE AND FINGAL COUNTY COUNCIL ON THEIR INSURANCE POLICIES.

| 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 TYRRELSTOWN COMMUNITY CENTRE LTD WITH YOUR SIGNED CONDITIONS OF HIRE)

8. 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

9. HIRER'S SIGNATURE

Full name Signature Date

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

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 holds a public liability policy to a minimum value of €6.5 million.

Signature _____ Date _____

| | | | |
|-------------------------------|--|-------------------------------|------------------------|
| FOR OFFICE USE ONLY | Booking No: _____ | Date: _____ | Client Category: _____ |
| Entered on computer: YES / NO | Sports hall user policy signed: YES / NO | | |
| Confirmed booking: YES / NO | Terms and conditions encl: YES / NO | Rental amount agreed _____ | |
| Deposit received: YES / NO | Staff: _____ | Payment method: Cheque / Cash | |

PLEASE NOTE: THESE PREMISES ARE MONITORED BY CCTV