

2023/24 Academic Year Letting Application Form

Please complete in BLOCK CAPITALS and in black ink.

Sections marked *must be completed or your application form will be returned.

Your fully completed application form must be received at least 10 working days before the date required.

Perso	nal details									
*Orga	nisation/Group						*Date		/	/
*Name and Address of										
pe s	person applying &Treasurer									
					-		*Postcode			
•Tele	phone number				*0=	y time tela	phone numbe	r 📃		
Email	address									
Conta	ct name of Lead	Coach				Telep	hone Numb	er		
*bth	is group a volunt	ary or comm	ercially n	n organisat	ion?		Yes		Ro	
If Yes	, please give det									
*Copy	of groups insura	snæ docume	ntation o	iust be end	osed with a	uplication	Yes	\Box	No	
*Venu	e required, pleas	e orde	St	t Ninians Up	per or St Ni	nians Lowe	er 👘			
*Faci	ity					(Spathal	, Astro,Gym, C		4 2)	
*Natu	re of Event									
* Ali D	ates Required)					*All Rec	quired Hours			
Please	see charge shee	st for minimu	m haurs i	required. T	ERM TIM	E (this excl	udes the schoo	ol holidays)	Yes	No 🗌
1						From	am/p	m To		am/pm
2						From	am/p	m To		am/pm
3						From	am/p	m To		am/pm
	complete furthe Nes nat required				-	-	-	-		advise of
	nts are available complete the fo							vish to ap	ply for a	discount,
*Present Club/Association Member			hip		Adults		Chi	ldren (in f	u time	education)
Decla	ration									
•1					(===	e in BLOC	X CAPITALS	i)		
confirm that I have read and understood the Terms and Conditions and accept the current charges. I agree to take										
responsibility for the members of my organisation and to adhere to the regulations. I understand that failure to do so may result in future bookings being withdrawn. I certify that my group is entitled to the child discount based on the										
current club membership stated above. If this section is left black the full charge will be made.										
Signe	sd 🗌						Date	/		/
	L									
				S	5 📀	₩.				
				Putting the	Custom	er First				

*All Dates Required		*All Required Hours			
4		From	am/pm	Τα	am/pm
5		From	am/pm	Τα	am/pm
6		From	am/pm	Τα	am/pm
7		From	am/pm	Τα	am/pm
8		From	am/pm	Τα	am/pm
9		From	am/pm	Τα	am/pm
10		From	am/pm	Τα	am/pm
11		From	am/pm	Τα	am/pm
12		From	am/pm	Τα	am/pm
13		From	am/pm	Τα	am/pm
14		From	am/pm	Τα	am/pm
15		From	am/pm	Τα	am/pm

- Please note, your application form will be returned if you have not completed all the required sections as marked *.
- If you wish to apply for the child discount you must put the Adult/Child numbers on the form. If this section has been left blank the full charge will be.
- Please note the discount is not available to groups that are not run on a voluntary basis.
- Please remember that setting up and cleaving up times must be included in the times requested on your application.
- Children's birthday parties will be charged at the full rate, the child discount is not applicable for these events.
- Groups are not authorised to use the facilities until an invoice has been issued confirming the facilities have been reserved.
- Please read the Terms and Conditions of Hiring Department Premises carefully before completing this application form.

The Department sometimes has enquiries from people wishing to join groups/clubs. If you do not wish us to release your name and telephone number please sign below. If this section is not completed it will be assumed that you have no objection to us releasing the relevant information.

Date

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Send completed form to: Lettings Department St Ninians High Scho

St Ninians High School Douglas Isle of Man IM2 SRA Tel: +44 1624 648200

Fasc +44 1624 648801 Email: SNHSBookings@sch.im