



HEANOR GATE SCIENCE COLLEGE

“Develop all learners to achieve their full potential”

“Create a culture of aspiration”



School Lettings Booking Form

Your details

Full name			
Phone number		Email address	

Enquiry details

Club/Organisation name (if applicable)						
Please tick one:	Profit Making	<input type="checkbox"/>	Non-Profit Making	<input type="checkbox"/>		
Type of activity/function of your potential booking						
Facility required (please circle all that apply)	HALL	GYM	DANCE STUDIO	CHANGING ROOMS		
Date required		Arrival - Access time (from)		Depart - Access time (to)		
Booking frequency (please circle)	WEEKLY	MONTHLY	ANNUALLY	OTHER (please state) _____		
Approximate number of attendees (including audience members, if applicable)						

Public Liability Insurance

Insurance Policy Company			
Policy Number		Renewal date	

Additional Information

Any other information we need to know?

I DECLARE that to the best of my knowledge the information given above is correct and I have read the terms & conditions for lettings at Heanor Gate Science College and agree to abide by them.

Signed		Date	
Print name		Title	

OFFICE USE ONLY

Authorised		Date		
Confirmed with (date)	Site _____	JD (rooms) _____	Finance _____	Catering _____