BUXTON COMMUNITY SCHOOL – BOOKING FORM		
Name of Group/Club requesting bool	king:	Daytime telephone number:
Contact Name:		Evening/mobile telephone number:
Contact Address:		
Post Code:	Email Address:	
Facility/facilities required:		
Times/days facility/facilities required		
	No	o. of Weeks
Is use required during school holiday	s? YES NO	Please note that bank holidays & concessionary holidays are excluded
-		I AGREE TO ACCEPT THE TERMS OF
Schools Business Officer-Site & Com	nunity	Date
Terms of Booking           1. Application for a booking does not necessarily guarantee acceptance. The SBOSC will advise all applicants of the	<ol> <li>At an agreed time between BCS and invoices will be issued.</li> </ol>	the hirer, <b>Conditions of Insurance Policy</b> The insurance provides an indemnity to the hirer in

## FOR OFFICE USE ONLY

## Method of Payment:

## SPORTS CENTRE

LESSEE



For more information please contact the Site Supervisor-Community on 01298 212162. Fax: 01298 27578. Send completed form to: SBOSC, Buxton Community School Sports Centre, College Road, Buxton, SK17 9EA

