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	 At an agreed time between BCS and invoices will be issued. 	the hirer, Conditions of Insurance Policy 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

