Diamond Crescent, Swindon, SN25 2SJ

Telephone: 01793 251 109

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| **FACILITIES REQUIRED**   |
| **PURPOSE OF HIRE**   |
| **All hirers must have Public Liability Insurance Cover.** Please provide a copy of policy with this booking form. Copy of Public Liability Insurance policy attached \*  |
| **If your booking falls on a bank holiday, please note below if you do not wish to hire on this date.** **Term Time Only** \* **All Year Round** \* |
| **SPECIAL REQUIREMENTS**  |
| **DAY OF WEEK**  | **START DATE**  | **FINISH DATE**  | **Total** **Number of sessions**  | **START TIME**  | **FINISH TIME**  | **Hours per session**  |
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| **Applicants name:**  |
| **Address:**  **Tel:** **Email:**  |
| **Name of Organisation:**  |
| **I agree to the terms and conditions stated within the lettings policy and agreement and understand that failure to comply with these will result in the termination of the letting.**  Signed: Print name: Date: |
| **Hourly charge**  |  |  |