

Booking Request Form: APAFC Pavilion (PH3 1JH), Community Area – 2024

YOUR ORGANISATION & CONTACT INFORMATION				
Name of Club / Organisation				
Your Organisation's status	Member of ACSR <input type="checkbox"/>	Non-Member of ACSR		
		Community Group/Club <input type="checkbox"/>	Business <input type="checkbox"/>	
Your Name				
Your Date of Birth & Age				
Your Role within the Organisation				
Contact Information		Address:		
		Telephone Number:		
		Email:		
Name & Address for invoice/account payer (if different from above)				
Details of Activity				
Name of Responsible Person at your session				
YOUR REQUIREMENTS				
Booking Recurrence	One Off <input type="checkbox"/>	Weekly <input type="checkbox"/>	Fortnightly <input type="checkbox"/>	Monthly <input type="checkbox"/>
Day of the week				
Start Time & Finish Time (including set & tidy up)				
Start Date & Finish Date (both inclusive)				
If a recurring booking, any dates not required?				
Facility requirements (tables, chairs etc)				
Request for use of kitchen	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
AGREEMENT, SUPPORTING DOCUMENTATION & SIGNING				
I confirm my organisation has the following documents/appropriate policies in place, relating to our use of the Community Area of Auchterarder Pavilion and I will submit a copy of these if requested to do so. (Please 'X' the appropriate documents.)				
Public Liability & Activity Insurance <input type="checkbox"/>		Child Wellbeing and Protection Policy <input type="checkbox"/>		
Coaching / Leader Qualifications <input type="checkbox"/>		Risk Assessment for venue usage, including COVID-19 section <input type="checkbox"/>		
I have read, and agree to abide by, the terms & conditions of use and will leave the facility clean, tidy & secure. <input type="checkbox"/>				
Name:		Signature:		Date:

Once completed, please return this form to ACSR's Development Manager, Tim Hart (tim@acsr.org.uk).