

St. Ronan's Community School

Hirer's Details

Organisation Name						
Contact Name						
Address					Postcode:	
Telephone		E-mail:				
Purpose of Let						
Person Responsible at Time of let						
Accommodation Required	Please Tick	Days Required	Starting Date DD/MM/YY	End Date DD/MM/YY	Times - including setting up and clearing away	
					In	Out
Coffee Lounge						
Leithen Room/IT Suite						
Quiet Room						
Gym						
Assembly Hall						
Family Room						
All-Weather Pitch						

 Are you affiliated to St Ronan's Community School? Y / N

Age group of membership (ie over/under 18 years) _____

Expected numbers attending each session _____

Do you require any other equipment? (subject to availability) _____

Tables & chairs in Hall.

Declaration

I accept full responsibility and liability for this booking and subsequent let. I/we ensure I/we will fully comply with Scottish Borders Council Conditions of Let and Fire Evacuation Policy.

Signed _____

Date _____

Print name _____

NOTE - ALL BOOKINGS ARE TERM TIME ONLY UNLESS EXPRESSLY AGREED IN ADVANCE

For office use only:
Type of let

Affiliated

Non-affiliated

Commercial

The cost will be _____ hrs @ £_____ = £_____

No of Lets _____

Total Charge: £_____

Signed (on behalf of Management Committee): _____ Date: _____