

Phone: 01483 416477 Email: info@loseleyfields.surrey.sch.uk Headteacher: Mrs Amanda Pedder

APPLICATION FOR USE OF SCHOOL PREMISES

Part 1:						
Name of Applic	ant:					
Name of Group	/Club/Association	ո։				
Address of App	licant:					
Phone no:		Email:				
Additional cont	act name & phon	e no: (in cas	e of emerg	ency)		
Part 2:						
Purpose of Hire	::					
Full Year	oor Torm Time		One off	Booking	Other (places energy)	
ruii teai	Term Time	e Only	One-on	DOOKING	Other (please specify,	
Day of Week	Start Date	End Dat	te	Start Time	End Time	
* If you require n	ultiple dates and,	or times pla	ease give	l details on a so	eparate sheet	
Part 3:						

1 41 (3.					
Type of Accommodation: (please tick all that apply)					
Classroom	Sports field - no markings required				
Hall	Sports field - football pitch				
Field Study Centre - training room	Sports field - athletics track				
Field Study Centre - STEM centre	Sports field - rounders pitch				
ICT suite	Outdoor education site				
Library	Netball court (full size)				
Kitchen	MUGA				
Additional facilities required. (classes on Amandia 2 of Lettings Policy for qualifylity.)					

Additional facilities required: (please see Appendix 2 of Lettings Policy for availability)



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APPLICATION FOR USE OF SCHOOL PREMISES (CONTINUED)

Part 4:

Additional information:				
Additional information:				
Do you have public liability insurance? (you will be required to provide a copy before letting is approved)				
Will the general public be admitted?	Yes	No		
If Yes, what is the approximate number of attendees?				
Will you be working with children?				
If Yes, you will be required to provide DBS information on request	II			
Any additional requirements:				
Part 5:				
 Lonfirm that I have read and agree to be bound by the terms and condition 	s of use	for		
 I confirm that I have read and agree to be bound by the terms and condition the school premises 	s or use	101		
 I agree to be responsible for the payment of all fees charged in respect of th 	is lettin	g		
ragice to be responsible for the payment of an rees sharged in respect of the	.5 .6	ь		
Signature of applicant Date		_		