## BHASVIC

205 DYKE ROAD EAST SUSSEX 01273 859829

BN3 6EG FAX 01273 563139

## **Application to Hire Facilities**

2018

NAME OF HIRING ORGANISATION		
Contact or Organiser's name		
Address and post code		
Telephone number	.Mobile number	
Invoice address and post code (if different from above)		
	.Email address	

PURPOSE OF HIRING:

HOW DID YOU HEAR ABOUT US?

**DATES** AND **DAYS** REQUIRED **2018 ONLY** (include the **first** and **last** dates required and specify any dates in between, for example during school/college holidays, that you **do not** want to book – please refer to the College website)

Total number of sessions booked:

ACTUAL TIMES REQUIRED (please include preparation time and time for cleaning afterwards):

## ROOM(S) REQUIRED:

WILL ANY OTHER FACILITIES BE REQUIRED? e.g. piano/specialist equipment

None $\Box$ AV Equipment $\Box$	IT Equipment $\Box$ Catering $\Box$	Other 🗆	
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## **DECLARATION BY HIRER:**

I acknowledge that I have received a copy of the conditions governing this letting and understand them. I agree to abide by them and to pay the sum due before the letting takes place. I agree to pay for the reinstatement following any damage to property caused as a result of this letting. I am over 18 years old.

Name (print) ...... Date ...... Date ......

**TO BE COMPLETED BY THE COLLEGE**: This Hiring has been approved for, and on behalf of, the College.

Date	Signature of Estates Manager
External Booking $\Box$ FOC $\Box$	Chargeable  Debtor account number & Category
Special rate agreed (e.g. care	etaking to be charged or pricing different to booked times)
SESSION COST	