

LETTINGS APPLICATION FORM

NOTE TO APPLICANT: BEFORE COMPLETING THIS FORM, PLEASE READ CAREFULLY THE LETTINGS REGULATIONS FOR THE LETTING OF THE PREMISES AT THE COLLEGE.

TO BE COMPLETED BY THE APPLICANT (PLEASE TYPE OR USE BLACK INK – THIS WILL ASSIST US WHEN PHOTOCOPYING

SECTION 1						
PURPOSE OF						
HIRE						
SECTION 2						
NAME OF						
ORGANISATION						
NAME OF						
APPLICANT						
APPLICANTS						
ADDRESS						
POST CODE						
Email Address						
				T.		
TELEPHONE		HOME: WORK:				
NUMBER:						
SECTION 3						
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ACCOMMODATION	/FACILITIES	PURPOSE OF	DAYS(S) OF	DATES	TIMES	
ACCOMMODATION/ REQUIRED	/FACILITIES	PURPOSE OF HIRE	DAYS(S) OF WEEK	DATES REQUIRED	TIMES REQUIR	RED*
	FACILITIES					RED*
	/FACILITIES				REQUIR	
	FACILITIES				REQUIR	
	/FACILITIES				REQUIR	
	FACILITIES				REQUIR	
	/FACILITIES				REQUIR	
REQUIRED					REQUIR	
PLEASE SPECIFY A					REQUIR	
PLEASE SPECIFY A SPECIAL	AND				REQUIR	
PLEASE SPECIFY A SPECIAL RESOURCES/REQU	IND				REQUIR	
PLEASE SPECIFY A SPECIAL RESOURCES/REQUEST PLEASE NOTE	IND VIREMENTS, THESE				REQUIR	
PLEASE SPECIFY A SPECIAL RESOURCES/REQU	IND VIREMENTS, THESE				REQUIR	
PLEASE SPECIFY A SPECIAL RESOURCES/REQUEST PLEASE NOTE	IND VIREMENTS, THESE LABLE	HIRE	WEEK	REQUIRED	REQUIR	TO

** DELETE AS APPROPRIATE					
	requirement of Somerset County Cou idence of such insurance needs to		s of the		
We have our own Public Liability Ins	surance of £5m and attach herewith a copy	of our policy			
We require Public Liability Insurance charge of 12% on top of the hire cost.	e to be arranged by the College, and unde	rstand it will be a	n additional		
SECTION 5					
I take FULL responsibility for ensuring the College remains secure during the letting. On behalf of the organisation I personally agree to be responsible for the fees charged in respect of this letting and I agree to abide by the regulations stated in the College Lettings Regulations, the contents of which I have read and understood.					
I confirm the necessary risk assessm	ents have been completed.				
I confirm that I am over the age of 21					
SIGNATURE OF APPLICANT:		DATE:			

IF YOU NEED TO SPEAK TO THE LETTINGS TEAM OUTSIDE OF SCHOOL HOURS PLEASE PHONE: 07880 042842 (WEEKDAYS 6pm to 9pm) 07702 871425 (WEEKENDS)

ALL ROOMS/FACILITIES TO BE LEFT AS FOUND PLEASE

* TO INCLUDE PRELIMARY PREPARATION AND CLEARING AWAY

For office use only

YOUR BOOKING IS CONFIRMED / NOT POSSIBLE.

Signed: Date:

Please return to: External Lettings Co-ordinator, Frome College Lettings, Bath Road, Frome, BA11 2HQ (office open between 10.00am – 2.00pm Term Time Only)

Tel: 01373 469006 Email: FCC.Finance@fromecollege.org