

PLEASE FILL IN BOTH SIDES OF THIS APPLICATION FORM INCLUDING SIGNATURE AND DATE
Note: This form is an application **NOT** a booking. Following a successful application, the booking will be confirmed



FOR OFFICIAL USE ONLY
RECEIVED BY:
Name:
Date:
Copy of insurance:

EXPRESSION OF INTEREST FORM

PLEASE NOTE ALL SECTIONS OF THE ABOVE FORM MUST BE FULLY COMPLETED.

(Please use BLOCK CAPITALS)

1. HIRER'S DETAILS

Name of Organisation		Home Phone Number	
Name of Contact Person		Work Phone Number	
Position Held		Mobile Phone Number	
Address			
Email Address		Fax Number	
Name of Event		Number of Participants	

2. CLASSIFICATION (for office use only)

Voluntary & Senior Hire Rate (No charge / fee to group members)	Community Group (Small sub / club fee charged and all proceeds used for group)	Commercial Group (tuition fees / payment to individual)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Please tick relevant box)

Once Off	Block Booking	Seasonal	Annual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Please tick relevant box)

Please tick which age bracket will be using the facilities from your group and give approx numbers in each.

0-3 yrs	No.	4-7 yrs	No.	8-11 yrs	No.	12-15yrs	No.	16-18yrs	No.	18yrs+	No.
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

3. FACILITIES AVAILABLE FOR HIRE (please tick your preference and state your type of activity)

(PLEASE REFER TO ROOM HIRE PRICE LIST AND ROOM DESCRIPTION)

ARE	SIZE	YES	NO	Type of Activity
The Annex Hall	1263 SQ FT			
Training Room 1 (room number 13)	456 SQ FT			
Training Room 2 (room number 18)	351 SQ FT			
Training Room 3 (room number 16)	224 SQ FT			
Training Room 4 (room number 9)	224 SQ FT			

4. BOOKING DETAILS

DATE REQUIRED	DAY / EVENING	TIME IN AM/PM	TIME OUT AM/PM

BOOKINGS ARE HOURLY, PLEASE NOTE THAT YOUR BOOKING TIMES INCLUDE SET UP AND PACK UP. PLEASE ENSURE THAT ALL EQUIPMENT IS RETURNED TO ITS ORIGINAL POSITION BEFORE THE END OF YOUR SESSION.

Parslickstown House Booking Application

PLEASE NOTE ALL SECTIONS MUST BE FULLY COMPLETED
(Please use BLOCK CAPITALS)

5. INSURANCE

Does your group hold a current public liability policy? Yes No

PLEASE NOTE THAT PARSLICKSTOWN HOUSE MANAGEMENT CLG REQUIRES ALL COMMERCIAL, VOLUNTARY AND COMMUNITY GROUP HIRERS MUST HAVE A MINIMUM OF 6.5 MILLION EURO PUBLIC LIABILITY INSURANCE. GROUPS MUST INDEMNIFY PARSLICKSTOWN HOUSE MANAGEMENT CLG AND FINGAL COUNTY COUNCIL ON THEIR INSURANCE POLICIES.

TYPE OF INSURANCE AND LIMIT OF LIABILITY	COMPANY NAME	POLICY NUMBER	COMMENCEMENT AND EXPIRY DATES

(A COPY OF YOUR INSURANCE POLICY MUST BE SUBMITTED TO PARSLICKSTOWN HOUSE MANAGEMENT CLG WITH YOUR SIGNED CONDITIONS OF HIRE)

8. PAYMENT ARRANGEMENTS (PLEASE TICK)

Pay by Cash and Receipt (Over the Counter)

Monthly / Quarterly Invoice / Cheque

Will your group be charging a participant fee for each individual in your group? If so, please tick appropriate and give details below:

Yes Specify: _____

No Specify: _____

All permanent bookings are renewable at the end of each calendar year. No booking will be held without a current booking form

9. HIRER'S SIGNATURE

_____ Signature _____ Date _____
Full name

(ALL BOOKINGS ARE TENTATIVE UNTIL THE HIRER RECEIVES WRITTEN CONFIRMATION)

I understand the Conditions of Hire (attached) and confirm that I accept them on behalf of my group / organisation and confirm that the above organisation holds a public liability policy to a minimum value of 6.5 million.

Signature _____ Date _____

FOR OFFICE USE ONLY	Booking No: _____	Date: _____	Client Category: _____
Entered on computer: YES / NO	Sports hall user policy signed: YES / NO		
Confirmed booking: YES / NO	Terms and conditions encl: YES / NO	Rental amount agreed _____	
Deposit received: YES / NO	Staff: _____	Payment method: Cheque / Cash	