



HEANOR GATE SCIENCE COLLEGE

“Develop all learners to achieve their full potential”

“Create a culture of aspiration”



School Lettings Booking Form

Your details

Full name			
Phone number		Email address	

Enquiry details

Club/Organisation name (if applicable)					
Type of activity/function of your potential booking					
Facility required (please circle all that apply)	HALL	DANCE STUDIO	DRAMA STUDIO	CHANGING ROOMS	
Date required		Access time (from)		Access time (to)	
Booking frequency (please circle)	WEEKLY state) _____	MONTHLY	ANNUALLY	OTHER (please	
Approximate number of attendees (including audience members, if applicable)					

Public Liability Insurance

Insurance Policy Company			
Policy Number		Renewal date	

Additional Information

Any other information we need to know?

I DECLARE that to the best of my knowledge the information given above is correct and I have read the terms & conditions for lettings at Heanor Gate Science College and agree to abide by them.

Signed		Date	
Print name		Title	

OFFICE USE ONLY

Authorised (KAB)		Date		
Confirmed with (date)	Site _____	JD (rooms) _____	Finance _____	Catering _____