

Landport Community Centre Charles Street Portsmouth, PO1 1JD Telephone No: 023 9229 6703

Email: landport@enableability.org.uk

| BOOKING FORM FOR REGULAR HIRERS | | | | | | | | |
|---|-----|------|---|------|-----|-----|-----|--|
| Business/Organisation Nan | | | | | | | | |
| Name of person to invoice | | | | | | | | |
| Address of Business/Organ | | | | | | | | |
| Invoice address (if different than above): | | | | | | | | |
| Telephone Number: | | | | | | | | |
| Email address: | | | | | | | | |
| Room Required: | | | | | | | | |
| Purpose of hire, number of | | | | | | | | |
| Days required (Please Circle) | MON | TUES | WED | THUR | FRI | SAT | SUN | |
| Hire Times: NB: times must include set up and pack away. | | | | | | | | |
| Start Date: | | | End Date: | | | | | |
| Hiring Fee per hour: (To be agreed by Centre Management) | | | f In accordance with the rates determined by Centre Management & the Trustees | | | | | |

Enable Ability Charity Number: 276422



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| Please tick to indicated your understanding of the following: | | | | | |
|--|--|--|--|--|--|
| 1. I have read and accept Landport Community Centre's conditions of hire, privacy notice (GDPR), payment terms and cancellation policy, fire evacuation and Health & Safety policy and agree to abide by these and any special conditions communicated to me. | | | | | |
| 2. I enclose a copy of the appropriate qualifications held by the person(s) running the activities (where appropriate) in support of this application. | | | | | |
| 3. I am over 18 years old. | | | | | |
| 4. If working with children or vulnerable adults appropriate safeguarding arrangements must be in place; I have read and understood the Safeguarding Policy and understand my responsibilities as a hirer. I have provided DBS details for all adults working within my group. | | | | | |
| 5. I enclose a copy of the group's public liability insurance. | | | | | |
| 6. Are you happy for us to give your contact details should we get enquiries regarding your group? | | | | | |
| Full Name: | | | | | |
| Signature | | | | | |
| Date | | | | | |