

## **George Grenville Academy**

Chandos Road, Buckingham, MK18 IAP Telephone/Fax: (01280) 813273 email: office@georgegrenville.co.uk

## **APPLICATION FOR HIRE OF PREMISES**

(Please complete this form in block capitals)

Accommodation and Facilities Required					
Other Requirements (eg chairs set out, Equipment, etc)					
Date(s) and Time(s)					
Purpose of Letting(s)					
Name of Organisation					
Will alcohol be brought onto the premises?					
Are you obtaining a licence For sale of alcohol?					
Have you insurance to cover the event?	(please enclose a copy of the insurance certificate)				
Do you hold a Safeguarding Poli	cy? Yes / No	If Yes, ple	ase enclose a copy with	the booking form	
Are you using your own electric	al equipment?	Yes / No	If Yes, is the equipmen	it PAT tested? Ye	es / No
Full Name of Hirer	Mr/Mrs/Miss/M	۸s			
Address of Hirer					
			Pos	t Code:	
	Daytime Telephone No:				
Signature of Hirer PLEASE COMPLETE AND RETURI	Date: Date: TO THE SCHOOL AT LEAST 21 DAYS BEFORE THE EVENT.				
Contact for day of letting –					
HEADTEACHER'S ACCEPTANCE (In cases where the hirer require		brought or	nto the school premises	, the approval of th	e Chairman of

the Governors has been obtained) Please ensure you see any licence before the function takes place.

Signed:

\_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE	
Date Received Booking Form:	Insurance Certificate Received:
Safeguarding Policy Received:	Cost per Session:
Confirmation forwarded to Hirer:	
Copy to: Hirer/School Caretaker	

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