



Expression of Interest Form

Email: office@duleekcommunityfacility.ie

Website: www.duleekcommunityfacility.ie

Phone:

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

1. HIRER'S DETAILS

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

I authorise the use of my contact details to advertise my activity/activities by the Facility Yes:

No:

2. CLASSIFICATION FACILITY FOR HIRE CHARGES ARE ATTACHED

Voluntary Application Form for voluntary Rate must be filled Separately. Evidence of Voluntary entity must be provided e.g. copy of AGM minutes, copy of registration documents, copy of groups constitution etc	Community Evidence of Community entity must be provided e.g. copy of AGM minutes, copy of registration documents, copy of groups constitution etc	Social Enterprise (Tuition fees / Payment to tutor) Providing a valuable service which benefits the local Community.
<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"/>

3. INSURANCE

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

PLEASE NOTE THAT DULEEK BELLEWSTOWN & DISTRICT COMMUNITY FACILITY REQUIRES ALL GROUP HIRERS TO HAVE A MINIMUM OF €6.5 MILLION PUBLIC LIABILITY INSURANCE. ALL GROUPS INSURANCE MUST BE IN THE NAME OF THE GROUP/ORGANISATION AND DULEEK BELLEWSTOWN & DISTRICT COMMUNITY FACILITY IS INDEMNIFIED ON THE POLICY.

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 WITH THE SIGNED TERMS & CONDITIONS OF HIRE

4. PAYMENT ARRANGEMENTS (PLEASE TICK)

Bank Transfer Monthly/ Quarterly Invoice/ Bank Transfer

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

Yes: Specify: _____ No: Specify: _____



5. HIRER'S SIGNATURE

 FULL NAME SIGNATURE DATE

(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

 FULL NAME SIGNATURE DATE

6. FACILITIES AVAILABLE FOR HIRE

(Please tick the relevant box)

REF	AREAS	SIZE	FLOOR		Type of Activity
MR1	Executive Meeting Room	22m ²	First	<input type="checkbox"/>	
MR2	Meeting Room 2	52m ²	First	<input type="checkbox"/>	
MR3	Community Function Room HALF SIZE	75m ²	First	<input type="checkbox"/>	
MR4	Community Function Room HALF SIZE	75m ²	First	<input type="checkbox"/>	
MR3&4	Community Function Room FULL	151m ²	First	<input type="checkbox"/>	
MR5	Meeting Room 5	22m ²	Ground	<input type="checkbox"/>	

Please note that additional charges apply for use of the following:

CR1	Changing Room	<input type="checkbox"/>
CR2	Changing Room	<input type="checkbox"/>
CR3	Changing Room	<input type="checkbox"/>
CR4	Changing Room	<input type="checkbox"/>

7. BOOKING DETAILS

BOOKING TIMES MUST INCLUDE SET-UP, WARM-UP AND PACK-UP. PLEASE ENSURE THAT ALL EQUIPMENT IS RETURNED TO ITS ORIGINAL POSITION BEFORE THE END OF YOUR SESSION

Room Name or Reference	Date Required	Day/Evening	Time IN AM/PM	TIME OUT AM/PM

FOR OFFICE USE ONLY	Booking Number:	Date:	Client Category:
Entered on Computer: YES / NO	Sports Hall Policy signed? YES / NO	Rental Amount Agreed: €	
Confirmed Booking: YES / NO	Terms and Conditions encl: YES / NO	Payment Method: Bank Transfer <input type="checkbox"/>	
Deposit received: YES / NO	Staff:		

PLEASE NOTE: THESE PREMISES ARE MONITORED BY CCTV