

ST. AUGUSTINE'S COLLEGE

APPLICATION FOR THE USE OF SCHOOL ROOM / FACILITIES.

1. ORGANISATION DETAILS

Name of Association / Group:

Address:

Tel No: _____

Contact Name and Address:

Tel. No: _____ Mobile: _____

2. FACILITIES REQUIRED

Facilities / room required:

Purpose:

Date/s required: _____ Time/s: _____

Name and address of person who will be in charge:

Contact Phone Number: _____ Mobile: _____

3. INSURANCE DETAILS

Name and address of insurance company:

Policy number: _____ Expiry date of policy: _____

4. DECLARATION/AUTHORISATION TO BE SIGNED ON BEHALF OF ORGANISATION/BODY

I / We agree to the conditions governing the use of _____

School property as specified on the form attached.

I / We authorise the School to make such enquires, as it deems necessary in connection with this application.

SIGNED: _____ DATE: _____

5. APPROVAL OF APPLICATION

Use of school facilities sanctioned (dates and times):

The original insurance certificate has been inspected and a copy has been retained for School records.

A copy of the approved application has been given to the applicant together with a copy of the conditions approved by the Board of Management in relation to the use of School property by outside bodies.

SIGNED: _____ DATE: _____

PRINCIPAL / SECRETARY BOARD OF MANAGEMENT