

**THE ST GILES CENTRE/CHURCH**

**Hire of Centre Accommodation/Lettings Application Form**

**Application Details (to be completed by the Hirer)**

**Name of Applicant**

**Telephone No. (Office Hours)**

**Full Postal Address**

**Name of Organisation**

**Email**

A large, solid grey rectangular area that serves as a placeholder for the applicant's information, covering the fields for Name of Applicant, Telephone No., Full Postal Address, Name of Organisation, and Email.

**Event details**

**Date(s) required**

**Start/End time**

**Accommodation required**

**Estimated number involved**

**Purpose of event**

**Does it involve public performance?**

**Yes/No**

**If you need any other facilities or equipment please list your requirements**

A large, solid grey rectangular area that serves as a placeholder for event details, covering the fields for Date(s) required, Start/End time, Accommodation required, Estimated number involved, Purpose of event, Does it involve public performance?, and If you need any other facilities or equipment please list your requirements.

Before returning this application form read the attached terms and conditions.

Please return the application form to: -

**The Centre Manager  
The St Giles Centre  
Market Place  
Pontefract  
WF8 1AT**

**Tel 01977 790448**

**Email**

You will be informed immediately whether your application has been accepted and will be sent an acceptance form 14 days (if possible) before the booking to be signed and returned prior to the event.

THE ST GILES CENTRE/CHURCH

Lettings Acceptance Contract

Hirer \_\_\_\_\_ Date of Event \_\_\_\_\_

Date of issue \_\_\_\_\_ Reference \_\_\_\_\_

1. I have read the Terms and Conditions of the letting and agree to abide by them and any other special conditions of which I am informed.
2. I accept additional charges may be levied where there is damage to the church building or property through negligence or willful intent.
3. I have the necessary insurance cover for the event (Church/own insurance)\*.
4. I have been advised of the emergency procedures with the appropriate information/training and have enclosed the Compliance Form indicating my awareness and understanding of the "Safety Information" leaflet.
5. All supervisors of the event will be made aware of the appropriate information/training for emergency procedures.
6. I agree to the payment conditions.
7. I am over 18.
8. I accept the quoted charge of £

Signed \_\_\_\_\_

Name in full \_\_\_\_\_

*Please return this acceptance form to church a.s.a.p. after completion*

\*Delete as appropriate

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*For church use*

Charge quoted £

Approved by Centre Manager \_\_\_\_\_ Date \_\_\_\_\_

Approved by Management Committee \_\_\_\_\_ Date \_\_\_\_\_