



Phone: 01 841 5070
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FOR OFFICIAL USE ONLY
RECEIVED BY:
NAME:
DATE:
Copy of Insurance:

Expression of Interest Application Form

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

1. HIRER'S DETAIL

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

I authorise the use of my contact details to advertise my activity/activities by the Centre. Yes: No:

2. CLASSIFICATION COMMUNITY CENTRE HIRE CHARGES ARE ATTACHED

Community Group (Small sub/club fee charged and all proceeds used for group)	Social Enterprise Group (tuition/payment to individual)
<input type="checkbox"/>	<input type="checkbox"/>

(Please tick the relevant box) Voluntary and Senior Hire Rates may apply to your booking. Please enquire for further details.)

Once Off	Block Booking	Seasonal	Annual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Please tick which age bracket will be using the facilities from your group and give approximate numbers of each.)

0-3 yrs.	No.	4-7yrs	No.	8-11yrs	No.	12-15yrs	No.	16-18yrs	No.	18+	No.
<input type="checkbox"/>		<input type="checkbox"/>		<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 FLEMINGTON COMMUNITY CENTRE REQUIRES ALL COMMERCIAL, VOLUNTARY AND COMMUNITY GROUP HIRERS MUST HAVE A MINIMUM OF €6.5 MILLION PUBLIC LIABILITY INSURANCE. GROUPS MUST INDEMNIFY FINGAL COUNTY COUNCIL AND FINGAL COMMUNITY AND RECREATION SERVICES CLG

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 FLEMINGTON COMMUNITY CENTRE WITH YOUR SIGNED TERMS & CONDITIONS OF HIRE)

4. PAYMENT ARRANGEMENTS (PLEASE TICK)

Pay by Cash and Receipt (Over the Counter) Monthly/ Quarterly Invoice/ Cheque

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

Yes: Specify: _____ No: Specify: _____

All permanent bookings are renewable at the end of each calendar year. No booking will be held without a current form

5. HIRER'S SIGNATURE

 FULL NAME

 SIGNATURE

 DATE

(ALL BOOKINGS ARE TENTATIVE UNTIL THE HIRER RECEIVES WRITTEN CONFORMATION)

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 hold a public liability policy to a minimum value of €6.5 million

 FULL NAME

 SIGNATURE

 DATE

Expression of Interest Application Form cont'd

6. FACILITIES AVAILABLE FOR HIRE (PLEASE REFER TO ROOM FACILITIES FOR HIRE LIST FOR DETAILED ROOM DESCRIPTION)

(Please tick the relevant box)

PLEASE NOTE: THESE PREMISES ARE MONITORED BY CCTV

REF	AREAS	SIZE	
GROUND FLOOR			
SHF	Sports Hall – Full Size	594m ²	<input type="checkbox"/>
SHN	Sports Hall (North) - HALF SIZE	297m ²	<input type="checkbox"/>
SHS	Sports Hall (South) - HALF SIZE	297m ²	<input type="checkbox"/>
MR4	Meeting Room 4	11m ²	<input type="checkbox"/>
MR5	Meeting Room 5	15m ²	<input type="checkbox"/>
FIRST FLOOR			
MR1	Meeting Room 1	33m ²	<input type="checkbox"/>
MR2	Meeting Room 2	33m ²	<input type="checkbox"/>
MR4	Meeting Room 4	29m ²	<input type="checkbox"/>
MR1&2	Meeting Room 1&2	66m ²	<input type="checkbox"/>
MR3	Meeting Room 3	15m ²	<input type="checkbox"/>
DS1	Dance Studio	68m ²	<input type="checkbox"/>

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

CR1	Changing Rooms	<input type="checkbox"/>
PROJ	Projector	<input type="checkbox"/>
FLPCT	Flipchart & Pen	<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

8. EQUIPMENT REQUIRED Yes No

Please outline your requirements for equipment. Please note: it is a condition of hire that the cost of any damage or repair occurring to this equipment will be billed back to the hirer

9. CHANGING ROOM

Changing room facilities required? Yes No

Any special requirements? Yes No

If yes, give details: _____

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

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