

Room Hire/Ground Hire Request

Name of Organisation	
Contact Name	
Address	
Contact Tel. No.	
Fax No	
E-mail address	
Purpose of let	
Room/space requested	
Location	BRAEC <input type="checkbox"/> SAAEC <input type="checkbox"/>
Approximate number:	
Facilities required	Number: <input type="checkbox"/> Tables <input type="checkbox"/> Chairs <input type="checkbox"/> Whiteboard <input type="checkbox"/> Flipchart <input type="checkbox"/> Other
Date(s)	
Time (note rates are calculated on an hourly up/dismantling)	
Third Parties hirer insurance	
Total cost including/excluding insurance (delete as applicable)	

Signed _____ Date _____
By signing this agreement you agree to the College terms and conditions on lettings as attached.

For office use only:		
Agreed by Head of Student Services	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
Insurance - copy policy returned	Yes <input type="checkbox"/> No <input type="checkbox"/>	