

National Sports Centre	Approved By: 	Ref: BF3
Related Procedure (OP): 6.3		Date: January 06
Title: FACILITIES	NSC BLOCK BOOKING REQUEST – INDOOR	Issue: 5



GROVES ROAD, DOUGLAS, ISLE OF MAN IM2 1RB
TELEPHONE (01624) 688588 FAX (01624) 688565

NSC BLOCK BOOKING REQUEST - INDOOR FACILITIES

PLEASE COMPLETE AND RETURN THIS FORM TO THE ABOVE ADDRESS. AN NSC STAFF MEMBER WILL CONTACT YOU WITHIN 7 WORKING DAYS OF RECEIVING THE FORM.

DATE _____ NAME OF CLUB _____ NSC CARD No. _____

DETAILS OF TREASURER (INVOICE ADDRESS)

CONTACT CO-ORDINATOR

NAME	NAME
ADDRESS	ADDRESS
TELEPHONE No. Home Work	TELEPHONE No Home Work
E-MAIL:	E-MAIL:

DETAILS OF BOOKING

DRY FACILITIES

	MAIN SPORTS HALL	SECONDARY SPORTS HALL	BOWLS HALL	SQUASH CENTRE
No. of COURTS	<input type="text"/>	No. of COURTS	<input type="text"/>	No. of COURTS
½ HALL	<input type="text"/>	½ HALL		
FULL HALL	<input type="text"/>	FULL HALL		

SWIMMING POOL

LARGE SECTION SMALL SECTION No. of LANES

CONTACT CAFÉ DIRECT FOR CAFÉ BOOKINGS..(BIRTHDAY PARTIES EXCLUDED)

ALL FACILITIES HAVE CHANGING AND TOILET PROVISION AS PART OF THE HIRE. WE ASK THAT ALL HIRERS USE THESE FACILITIES DURING THE DURATION OF THEIR SESSION.

PLEASE INDICATE: JUNIORS ADULTS ACTIVITY/EVENT _____

DATES FROM _____ TO _____ **TIME** FROM _____ TO _____

APPROX. No. PARTICIPANTS _____ APPROX. No. OF SPECTATORS _____

GOVERNING BODY AFFILIATED? _____ YES/NO*

STATE BODY _____

DOES YOUR CLUB/ASSOCIATION HAVE APPROPRIATE INSURANCE COVER YES/NO*
DOES YOUR CLUB/ASSOCIATION HAVE A CHILD PROTECTION POLICY YES/NO*
DO YOUR COACHERS HOLD RELEVANT QUALIFICATIONS/INSURANCE YES/NO*

* IF YES PLEASE ATTACH COPIES OF ALL RELEVANT FORMS

SIGNATURE _____

I have read and understood the terms and conditions of hire attached and agree to abide by them.

ALL INFORMATION CONTAINED ON THIS FORM IS PROTECTED UNDER THE DATA PROTECTION ACT 2002