



TOM HOOD COMMUNITY SCIENCE COLLEGE

APPLICATION FOR THE HIRE OF FACILITIES

Name of Organisation			
Contact Name			
Contact Address			
		Postcode	
Contact Tel No		Mobile	
E Mail			

HIRE DETAILS

Facility			
Please specify purpose of hire:			
Start Date (DD/MM/YY)	End Date (DD/MM/YY)	Day of week	Time

TOTAL NUMBER OF WEEKS

I _____ holding the position of designated representative
with _____ (organisation name) and being empowered
_____ empowered
to act on the organisation's behalf, acknowledge and accept the terms & conditions of hire outlined overleaf for the above facility at Truro School.

Date: _____ Signature: _____

Please return completed form to Lettings Administrator, Tom Hood Community Science College, Terling Close, Leytonstone, London E11 3NT

FOR OFFICE USE ONLY

Date Received		Date Confirmed		Invoice No		Invoice sent	
Booking Pro		F Mgr		Catering		Caretakers	