

Carlingcott Methodist Church

Letting Application Form

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| Notes to the applicant | Before completing this application form read carefully the rules & regulations for the letting of Church premises. |
| | The Church operates a strict NO SMOKING policy in all internal areas of the premises to be hired. |

Part 1 - Application Details:

| | | |
|---|------------------|--------------------------|
| Letting No: | | |
| Facilities Required | | |
| Day / Date | Time From | Time To |
| | AM / PM | AM / PM |
| Purpose of Hire | | |
| This hiring is for _____ (name of Club/ Group/Organisation) whose authority I have to bind them by signing this application on their behalf | | |
| Full Name of Hirer | | |
| Full Postal Address of Hirer | | |
| | Post Code | |
| Telephone Daytime | | Telephone Evening |

| | | |
|--|------------------|--|
| Billing address if different from above | | |
| | | |
| | | |
| | Post Code | |

| | | | |
|---|--|-------------|--|
| Declaration: | | | |
| <ul style="list-style-type: none"> I the Hirer will ensure the facilities hired is left clean and tidy, and remove all rubbish by the end of the hire period. I the undersigned personally agree to be responsible for any licence applications required and the fees charged in respect of this letting and will observe the Regulations for the Letting of Church Premises, which I have read & understood. | | | |
| Signature of applicant: | | Date | |

PART 2 - Approval Details (Church Use Only)

| | |
|--|---|
| Application Approved / Not Approved | Name of Key holder: |
| Comments: | Date Key holder Informed: |
| | <u>FOR WEEKEND USE ONLY</u> |
| | Will the key holder be required to be on active duty throughout the duration of the letting? |
| | YES / NO |
| Signed: | On behalf of Church Council |
| Print: | Date: |

PART 3 - Basis Of Charges (For Church Use Only)

| Facility Charge | Hourly Rate | Other Rates | Total Charges |
|------------------------|--------------------|--------------------|----------------------|
| | | | |
| | | | |
| | | | |
| Total Payable | | | |
| £ | | | |

Invoice No: _____

| | |
|--|--|
| Special Payment Arrangements (If Any) | |
| | |