



MID SUSSEX DISTRICT COUNCIL

OUTDOOR SPORTS APPLICATION FOOTBALL – WINTER SEASON

All sections of this form **MUST** be completed in full

Before returning this form please read the enclosed "Conditions of Hire"

Please complete ALL sections in BLOCK CAPITALS

Hirer (Org/Club) Name _____

	SECRETARY	TREASURER
Title		
First Name		
Surname		
Address		
Town		
County		
Post Code		
Daytime Tel. 1		
Daytime Tel. 2		
Mobile		
E-Mail		

First Fixture Date *
(dd/mm/yy) _____

Last Fixture Date *
(dd/mm/yy) _____

* Please refer to the enclosed "Season Start and End Dates"

PLEASE COMPLETE ALL SECTIONS FOR **EACH TEAM** YOU ARE APPLYING FOR

If there are more than 3 teams, please provide the additional information on a photocopy of this form

Team (1 st , U16 etc.)			
Senior/Junior *			
League			
Division			
Site/Pitch Required			
Pitch Type (Please Tick)	Senior <input type="checkbox"/> Junior <input type="checkbox"/> Mini-Soccer <input type="checkbox"/>	Senior <input type="checkbox"/> Junior <input type="checkbox"/> Mini-Soccer <input type="checkbox"/>	Senior <input type="checkbox"/> Junior <input type="checkbox"/> Mini-Soccer <input type="checkbox"/>
Match Day			
Session Required	Morning <input type="checkbox"/> Afternoon <input type="checkbox"/>	Morning <input type="checkbox"/> Afternoon <input type="checkbox"/>	Morning <input type="checkbox"/> Afternoon <input type="checkbox"/>
Total Number of Home Matches (Season Estimate)	League <input type="checkbox"/> Cup <input type="checkbox"/> Total <input type="checkbox"/>	League <input type="checkbox"/> Cup <input type="checkbox"/> Total <input type="checkbox"/>	League <input type="checkbox"/> Cup <input type="checkbox"/> Total <input type="checkbox"/>
Changing Rooms** (Y/N)			
Off Pitch Training *** (Y/N)			

* For a team to classify as junior **ALL** members of the team must be under 17 years of age.

** Not all sites have changing rooms provided by MSDC; please check if you are unsure.

*** If Yes, Please Complete a Separate Training Application Form.

Payment - Preferred Number of Instalments (to be paid in advance)

Number of Instalments (Please Tick One Box)

- | | | |
|----------|--------------------------|--|
| 1 | <input type="checkbox"/> | (full payment at Start of Season) |
| 2 | <input type="checkbox"/> | (equal payments at start and half way through season) |
| 4 | <input type="checkbox"/> | (e.g. Sept, Nov, Jan, Mar) |
| 6 | <input type="checkbox"/> | (Payment at the start of each month throughout season) |

Instalments must be paid in advance. Reminder(s) will be sent if your Club falls behind in payment. Your account will be reconciled against your pitch usage at the end of the season.

For information regarding the cost of hire, please refer to our current Fees & Charges Leaflet.

Payment by Standing Order? (please tick)

Yes ()

No ()

INSURANCE

Public Liability Insurance with (**Minimum Cover of £5 million**) is required for the regular hire of any outdoor sports facility.

A valid copy of your Public Liability Insurance Certificate must accompany this Application Form before any bookings will be confirmed.

Please see "Conditions of Hire", Sections 12 for further details.

DECLARATIONS AND SIGNATURE

I/we Mr/Miss/Ms/Mrs (full names) _____

Hereby apply on behalf of (Club) _____
for the hire of the facilities mentioned overleaf.

I/we agree to pay all charges properly applicable as laid down in Mid Sussex District Council's Outdoor Fees & Charges, and to use the facilities in a responsible manner.

I/we have received, read, understood and agree to abide by Mid Sussex District Council's 'Conditions of Hire' (enclosed) in relation to the hire of this facility.

I/we confirm that I am/we are authorised to act on behalf of the above Club.

Signed _____

Office Held _____

Signed _____

Office Held _____

Date _____

IMPORTANT:

By signing this application form you are agreeing to the terms of the enclosed "Conditions of Hire".

PLEASE RETURN THIS FORM TO:

Facilities Management
Outdoor Business (Environment)
Mid Sussex District Council
Oaklands
Oaklands Road
Haywards Heath
West Sussex
RH16 1SS

Tel: 01444 477379
Fax: 01444 477464

Email: bookings@midsussex.gov.uk

Web: www.midsussex.gov.uk

