

OUTDOOR SPORTS APPLICATION FOOTBALL – WINTER SEASON

All sections of this form <u>MUST</u> 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

Total Number of

(Season Estimate)
Changing Rooms**

Off Pitch Training Total number of

Training Day/s (If applicable)

Home Matches

(Y/N)

sessions

League

Cup

Total

	SECRETARY				TREASURER				
Title									
First Name									
Surname									
Address									
Town									
County									
Post Code									
Daytime Tel. 1									
Daytime Tel. 2									
Mobile									
E-Mail									
	nclosed "Season Star COMPLETE ALL SEC ore than 3 teams, pleas	TIONS	FOR <u>EACH 1</u>	EAM YO			n		
Team (1st, U16 etc.)									
Senior/Junior *									
League									
Division									
Site/Pitch Required									
Pitch Type (Please Tick)	Senior Junior Mini-Soccer		Senior Junior Mini-Soccer		Senior Junior Mini-Soccer				
Match Day									
Session Required	Morning		Morning		Morning				
	Afternoon		Afternoon			Afternoon			

League

Cup

Total

League

Cup

Total

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

Payment - Preferred N	umber of 1	instalm	ents (to be paid in a	dvance)								
Number of Instalments (Plea	se Tick One Bo	ox)										
1	2 (equal payments at start and half way through season) 4 (e.g. Sept, Nov, Jan, Mar)											
Instalments must be paid in ad Your account will be reconciled					n paymei	nt.						
For information regarding the c	ost of hire, ple	ase refer	to our current Fees & 0	Charges Lea	aflet.							
Payment by Standing (se tick)		Yes ()	No ()							
INSURANCE												
Public Liability Insurance any outdoor sports facilit		mum C	over of £5 millio	n) is requ	uired fo	or the regular hire of						
A valid copy of you Application Form before					must	t accompany this						
Please see "Conditions of Hire",	Sections 12 fo	or further	details.									
DECLARATIONS AND SIG	NATURE											
I/we Mr/Miss/Ms/Mrs (ful	names)											
Hereby apply on behalf o for the hire of the facilities	` ,		eaf.									
I/we agree to pay all ch Outdoor Fees & Charges,						sex District Council's						
I/we have received, rea 'Conditions of Hire' (enclo	•		_	•	Susse	ex District Council's						
I/we confirm that I am/w	e are autho	rised to	act on behalf of the	he above	Club.							
Signed			Office Held									
Signed			Office Held									
Date												
IMPORTANT: By signing this application for	orm you are a	agreeing	to the terms of the e	enclosed "	Conditio	ons of Hire".						
PLEASE RETURN THIS FO	RM TO:											
Outdoor Services Mid Sussex District Council	Tel: Fax:		477379 477464									

Email: bookings@midsussex.gov.uk

Web: www.midsussex.gov.uk

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

**

Oaklands Road

RH16 1SS

Haywards Heath West Sussex