

APPLICATION FOR USE OF FACILITIES AT HILL STREET FRC

COMPLETE FORM IN BLOCK CAPITALS

Name of Individual/Group _____

Principal Business of Organisation/Group _____

Contact Name _____

Address _____

Mobile Number: _____

Telephone No: _____

Email address: _____

ROOMS AVAILABLE

Purpose of room use

Please tick

Access Visit

Meeting - General

Meeting - Family

Counselling

Other - please specify _____

Date of room use

From _____

To _____

Frequency of Use (Once, monthly, every Monday etc.) _____

Please tick room required

Large Activity Room w/ Kitchen

Small Activity Room w/ Kitchen

Training Room

Family Room

Counselling/Consultation Room

Please Enter times

From _____

To _____

From _____

To _____

From _____

To _____

From _____

To _____

From _____

To _____

Hourly Rate

€35.00

€25.00

€20.00

€20.00

€15.00

FACILITIES

Should you have any requirements that are not listed please state request below and we will do our best to accommodate

Terms and Conditions

All organisations/Individuals are responsible for themselves and their participants to adhere to good health & safety practices and respecting the ethos of Hill Street FRC. There is no alcohol permitted onto the premises of Hill Street. Under no circumstances is smoking/e-cigarettes permitted in the building. All persons entering and leaving must sign on arrival and departure. All advertisements or notices must be agreed with Hill Street FRC before being displayed. Any damage to building, equipment or contents must be replaced or repaired at your expense. For any long term bookings a probationary period will apply. Cancellation policy is 24 hours. All payments must be paid in advance of use of facilities. Negotiable rates are available for community users and long term bookings. Available times for room bookings are Monday - Friday 9.00 - 17.00. If however you require times outside of these hours please complete form and submit to Hill Street FRC for the attention of the Administrator. All external groups, organizations and state agencies must provide adequate insurance to cover their activities.

I have read and agree with the terms and conditions above.

Signed: _____

Date: _____