**School Name and Address**

**APPLICATION FOR THE USE OF SCHOOL ROOM / FACILITIES**

# ORGANISATION DETAILS

Name of Association / Group:

Address:

Tel No:

Contact Name and Address:

Tel. No:

# FACILITIES REQUIRED

Facilities / room required:

Purpose:

Date/s required: Time/s:

Name and address of person who will be in charge:

# INSURANCE DETAILS

Name and address of insurance company:

Policy number: Expiry date of policy:

# DECLARATION/AUTHORISATION TO BE SIGNED ON BEHALF OF ORGANISATION/BODY

**I / We agree to the conditions governing the use of school property as specified on the form attached. I / We authorise the School to make such enquiries, as it deems necessary in connection with this application.**

**SIGNED: DATE:**

# APPROVAL OF APPLICATION

**Use of school facilities sanctioned (dates and times):**

**The original insurance certificate has been inspected and a copy has been retained for school records.**

**A copy of the approved application has been given to the applicant together with a copy of the conditions approved by the board of management in relation to the use of school property by outside bodies.**

**SIGNED: DATE:**

**PRINCIPAL / SECRETARY BOARD OF MANAGEMENT**