

## Booking Form for Woburn Sands Recreation Ground (Gravel Pit Close Charity).

Date of initial enquiry:

|                                                                                                   |            |                                                                                  |                           |
|---------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------------------------------|---------------------------|
| <b>Name and nature of the event:</b>                                                              |            |                                                                                  |                           |
| <b>Date(s) of the event</b>                                                                       |            |                                                                                  |                           |
| <b>Organiser's name or company</b>                                                                |            |                                                                                  |                           |
| <b>Address and phone number of organiser or company</b>                                           |            | <b>Address:</b>                                                                  | <b>Phone number:</b>      |
| <b>Person responsible for event</b>                                                               |            |                                                                                  |                           |
| <b>Phone number:</b>                                                                              |            |                                                                                  |                           |
| <b>Mobile phone number:</b>                                                                       |            |                                                                                  |                           |
| <b>Access date and times (Allow time for set-up)</b>                                              |            | <b>Date:</b>                                                                     | <b>Time:</b>              |
| <b>Leaving date and times (ditto)</b>                                                             |            | <b>Date:</b>                                                                     | <b>Time:</b>              |
| <b>Person responsible for gate key:</b>                                                           |            |                                                                                  |                           |
| <b>Date and time of key pick up</b>                                                               |            | <b>Date:</b>                                                                     | <b>Time:</b>              |
| <b>Date and time of key return</b>                                                                |            | <b>Date:</b>                                                                     | <b>Time:</b>              |
| <b>What types of vehicles will be accessing the site?</b>                                         |            |                                                                                  |                           |
| <b>Is electricity supply required?</b>                                                            | <b>Y/N</b> | <b>Date(s):</b>                                                                  | <b>Time(s):</b>           |
|                                                                                                   |            | <b>Meter reading start:</b>                                                      | <b>Meter reading end:</b> |
| <b>If equipment is to be left on site overnight, what security arrangements will be in place?</b> |            | <b>Nature of arrangements:</b><br><br><b>Company name or person responsible:</b> |                           |
| <b>Name and address of third party liability insurance provider:</b>                              |            |                                                                                  |                           |
| <b>Amount insured for:</b>                                                                        |            |                                                                                  |                           |
| <b>Date/time site will be completely clear of equipment, facilities, or litter.</b>               |            |                                                                                  |                           |

If the booker wishes to use the Old Fire Station and/or its car park at any time during the above booking, they need to discuss it with the Bookings Co-ordinator.

**Name of Booker:** ..... **Signature:**.....**Date:**.....

**Bookings Co-ordinator:** ..... **Signature:**.....**Date:**.....

**For Office use only**

1. Copy of Third Party Liability Insurance filed ..... Dates of insurance cover.....
2. Risk assessment seen and filed .....
3. Outcome of requirements for the use of other facilities, and any donations, fees or payments to be made.