

USE OF FACILITIES

Application form - Please tick the boxes

1. Facility Requested

Open Access – Computer Area, discussion and interview area

Meeting /Training Room

Kitchen area

Foyer

Office

2. Group/Organisation Details

Name _____

Contact person _____

Postal Address _____

Telephone BH _____ and AH _____

Does the Group/Organisation have Associate membership? Yes No

Responsible BRECC Member's name _____

Primary purpose of the Group/Organisation _____

3. Booking Details

Purpose of the booking _____

Number of attendants _____

Date/Dates of booking _____

Start time _____ Finish time _____

4. Requisites needed. Please tick the box(es)

Chairs number _____ Tables number _____

TV-video/DVD player cassette player whiteboard

Light Projector computers number _____

Kitchen Equipment:

Pie warmer cook top oven microwave

5. Alcohol will be /will not be used.

I _____ on behalf of _____

_____ hereby agree to the conditions

of use of facilities/equipment of BRECC. I agree to be held responsible for any

non- approved use of facilities and equipment, and any damage to

equipment/facilities during the activities on this application.

Signature _____ Date _____

Full Name _____