

APPLICATION FOR USE OF PREMISES

Please **download and complete** this form & email back as attachment to office@lifeinseergreen.org

CONSUMPTION OF ALCOHOL ON THE PREMISES BY EXTERNAL GROUPS IS NOT PERMITTED

Please abide by the current safeguarding measures in place at the time your event is booked.
We also operate a nuts-free policy on the premises and request you adhere in accordance with the Policy

Church Data Privacy and Policies can be reviewed at <https://www.lifeinseergreen.org/privacy-policy/>

Rubbish – the Church does not have sufficient refuse space for party waste, please take your rubbish away with you especially food waste –PLEASE do not place food waste in any of the church bins as the local council will not handle them.

Name of Group

Date of use

Name of applicant
(print)

Contact Address:

Contact Number:

Email:

ROOM REQUIRED	Tick	Time(s) Required	Comments
Large Games Hall			
Rear Room			
Kitchen			* see note below
Lounge			
Foyer			

* If supplying food - Level 2 Food Safety Certificate is required to be held by the responsible person or nominee. The Food Hygiene Record is held in the kitchen and must be completed for every use.

For regular users the current rate is £25.00 per room per hour. This is a guide for one-off events. However, donations are always welcome.

All cheques payable to: **SEER GREEN BAPTIST CHURCH.**

Direct BACS payment to: CAF Bank Ltd –

Sort code:40-52-40. A/C Name: Seer Green Baptist Church - A/C no: 00016887

Number in Group	Please note, if the group contains children, it is your responsibility to provide suitable supervision at all times.
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Type of activities intended

Sanctuary	Exceptional Circumstances only (The sanctuary is not available for parties or groups unsupervised by Church officials unless by special agreement)		
If it can be arranged, would you like to use audio equipment? (By our technician only – if available)			

I accept the conditions and agree to pay the nominated fee for use of the premises and understand that I will be liable for any damage/losses caused as a result of the persons in my group.

Signature..... Date.....

If sent by email – signature is unnecessary. Completion and submission of this form indicates acceptance of conditions

For Office Use Only	Received by:	
Date received:		Date Noted in Diary & Confirmed: