

Team Edge Hill Sports Club Additional Booking Request



Name	_____
Contact Email	_____
Contact Number	_____
Club / Team / Gender	_____
One-off Events	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Date	_____
Time (start and finish)	_____
Facility Required (e.g Sports hall 1, Hockey pitch, Grass pitch)	_____
Activity	_____
Expected Numbers Attending	_____
Participants, Officials & Spectators	_____
Regular Block Booking	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Day	_____
Start Date	_____
End Date	_____
Exclusion Dates (dates facilities not required)	_____
Time	_____
Facility Required (e.g Sports hall 1, Hockey pitch, Grass pitch)	_____
Activity	_____
Expected Numbers Attending	_____
Participants, Officials & Spectators	_____
Justification for booking request	_____ _____
Additional Information	_____ _____
Signature	_____
Date Received	_____
Please send the completed form to teamedgehill@edgehill.ac.uk . Bookings are not guaranteed until confirmation is received.	
<u>Office Use Only</u>	
Date Received	_____
Booking Accepted	Yes <input type="checkbox"/> / No <input type="checkbox"/> Staff Initial _____
Booking Completed Date	_____
Replied to Booking Request date	_____