

THE SOUTHERN EDUCATION AND LIBRARY BOARD
USE OF SCHOOLS AND COLLEGES : APPLICATION

Name of Premises: _____

Applicant/Group/Org: _____

Contact Name and Address: _____

Phone No: Home _____ Business _____

Invoice Name and Address: _____

Facility Required: _____

Purpose of Use: _____

Equipment Required: _____

Period of Use: From _____ to _____ (inclusive)

No of Days: _____ Day: _____ Time: _____ to _____

Signature of Applicant _____ Date _____

SCHOOL USE ONLY

Charges

Use of Facility £ _____

Caretaking £ _____

Heating £ _____

Use of Equipment (if required) £ _____

Total _____

Signature of Principal _____ Date _____

I agree to the above arrangements and accept the conditions of use.

Signature of Applicant _____ Date _____

SELB GROUPS ONLY

Payment by Journal Transfer Yes/No* *Delete as appropriate