

SPECIAL EVENTS APPLICATION FORM

Name of Group/Organisation/Body:						
Nar	me and Address of person responsible:					
For payment at the time:						
Telephone Numbers:		Home:	Business: _	Business:		
	Area(s) to be used	Date		including preparationing away	1	
Equ	nipment required: (please be specific, i.e.	public address systen	n, chairs, tables etc.))		
	dence of insurance cover indemnifying the erest that you have this cover.	ne council in respect of	f public liability mu	ust be produced. It is i	n your own	
	he event of a cancellation (or non-appear um reserve the right to charge part or all			t of the Fermanagh La	keland	
Fen	clubs who coach/instruct/manage U18 yemanagh and Omagh District Council chil managh Lakeland Forum Reception.					
<u>CL</u>	<u>UB BOOKINGS</u>					
1.	. Is your club affiliated to a governing Sports Body? YES/NO					
2.	If you answered "yes" to the above question, please provide contact details:					
3.	If you are affiliated, please attach a cop	y of your Club Const	itution			
4.	If you coach/instruct/manage an U18 t Please attach a copy of your child pr					

5.	Please attach a copy of club			
6.	Please provide names and addresses of office bearers of club:		: 🗆	
	Chairman	Treasurer	Secretary	
	Tel:	 T <u>el:</u>		
	Qualification Attached	Qualification Attached	Qualification Attached	
7.	*		coach/instruct u18's on Council premises. dence of completed Child Protection	
	Coach Name	Coach Name	Coach Name	
		 T <u>el:</u>	 T <u>el:</u>	
	Qualification Attached \Box	Qualification Attached	Qualification Attached	
FITN	NESS ROOM			
All t	oookings/use of Fitness Room	by school groups must be super	rvised by a teacher from the school.	
Dec	<u>laration</u>			
und	erstand that if my application		which are set out in this document. I be sent to me at the address below. I have le wholly by them.	
Signature:		Date:		
Nan	ne (in print)			
Add	ress:			
Position in Club:		Tel No	D:	
Office	use only:			