**REDEMPTION COMMUNITY HUB**

Herbert Minton Building, 79 London Road, Stoke on Trent, ST4 7QE

*Telephone: 01782 746611, 07792429044 Email:* [*info@rccglivingwater.org*](mailto:info@rccglivingwater.org)

**FACILITY APPLICATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant’s Details** | | | |
| **Full Name** |  | | |
| **Home Address** | ………………………………………………………………………………………………………….....  …………………………………………………………………………………………………………….  …………………………………………………………………………………………………………….  …………………………………………………………………………………………………………….  ……………………………………………………...Post Code………………………………………… | | |
| **Land Line (Home)** |  | **Mobile** |  |
| **Email Address** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisation Details** | | | |
| **Name Of Organisation** |  | | |
| **Address** | …………………………………………………………………………………………………….........  ………………………………………………………………………………………………………  …………………………………………………………………………………………………………  ……………………………………………Post Code…………………………………………... | | |
| **Contact Name** |  | | |
| **Telephone Number** |  | **Mobile Number** |  |
| **Email Address** |  | | |

**Additional Booking Information**

* **Purpose for wanting to rent facility, including brief information about organisation, lead speaker (s). Organisational website address will also be useful.**
* **How long do you want to rent the facility?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1 day** | **1 week** | **1 month** | **6 months** | **12 months** |
|  |  |  |  |  |

* **What days of the week?**
* **Proposed time of activities**

I hereby undertake the following regarding the use of the facility;

* Not to undermine the cleanliness of the facility
* To see to the safety of the properties and materials in our care
* Payment of required fees.

**Name** ………………………………………………………………….. **Signature**…………………………………………………….

**Date**……………………………………………………………………