**Go Booking Request Form**

**Event organiser’s details**

|  |  |
| --- | --- |
| Contact name |  |
| Club/ Organisation name |  |
| Billing address |  |
|  | Tick preferred method of contact |
| Email address |  |  |
| Contact number  |  |  |

**Event details**

|  |  |
| --- | --- |
| Date |  |
| Type of event |  |
| Booking start time |  |
| Booking end time |  |
| Event start time |  |
| Event end time |  |
| Number of attendees |  |
| Public/ Private  |  |
| Is this a repeating event? | Y/N |
| Dates & times when event should repeat |  |

**Contact on the day**

|  |  |
| --- | --- |
| Full name |  |
| Email |  |
| Phone |  |
| First Aider(s) name |  |
| First Aider(s) contact details |  |

**Your requirements**

|  |
| --- |
| Area booked Please tick all that apply |
| Adult football pitch |  |
| 9x9 pitch |  |
| Mini football pitch (single) |  |
| Mini football pitch (both) |  |
| Trim trail and surrounding grounds |  |
| Cricket pitch |  |
| Sports pavilion |  |
| Cricket pavilion |  |

|  |
| --- |
| Any relevant information such as equipment requests. If you require changing rooms please include the team names for door labels.  |
|  |  |

|  |
| --- |
| Please list any equipment that you will be bringing (e.g. trailer, table, chairs, speakers, screen etc.) |
|  |  |

**Documentation**

Please confirm you have attached the following:

|  |  |
| --- | --- |
| Insurance documentation |  |
| DBS checks |  |
| Proof of affiliation (if necessary) |  |

**Once complete, please email this form and any attached documents to** [**sports@eddington-cambridge.co.uk**](sports%40eddington-cambridge.co.uk)**.**

All prices are for a four hour slot, unless stated otherwise, and include VAT at 20%. All initial bookings must include one pavilion.

You can book facilities for a morning slot (8.30am-12.30pm) or an afternoon slot (1.30pm-5.30pm).

Office use only:

Ref no:…………………………………………

Date received:…………………………….

Date Approved:………………………….