LEISURE OPERATIONS

Block Booking Application Form



Block Booking	g Application		Block Booking Reference.
½ AstroturfFootball Pitch (Adult)½ Sports HallNumber of Courts	Full Astroturf Football Pitch (Junior) Full Sports Hall Other	☐ ½ Function Room ☐ Cricket (Grass) ☐ Mini-Soccer Pitch	☐ Function Room ☐ Cricket (Artificial) ☐ MUGA
Name of Club/ Organisation Constituted Club: Yes *Please provide a copy of yo	* No	or constitution.	
Month No. of sess	sions	Dates / Times	
Cancellation and Amen	dments to series of se	ssions	
If any changes are made to Booking discount (if applica be paid, therefore, it is advis circumstances.	ble) treatment may affect t	he whole series of sessi	ons and the amount to
To be used for:			
Equipment/Special arrangem	nents:		
Numbers attending session:	:		
Fees charged per session:		TOTAL:	
Name and address of organ (This is the person who will receive the invoice)	iser:		
Tel:			
Work:			
Mobile:			
Email:			
**Purchase order number:			

^{*}Booked at discretion of the Facility Management Team.

^{**}If your company will not process an invoice without a purchase order number we will not be able to accept your booking.

PLEASE NOTE:

• All goods and services provided by Magna Vitae shall be paid for in advance upon booking; or immediately prior to receiving the service unless agreed with the Operations Manager.

Conditions for Block Booking Discount

- Block consists of 10 or more sessions and the booking is to be used by a school, club, association or organisation representing affiliated clubs i.e. a local league. It does not apply to informal groups of persons or commercial organisations.
- Person to whom facilities are booked have exclusive use during sessions i.e. exclusive use of court not exclusive use of the entire sports hall.

I confirm that I have received a copy of the terms and conditions of booking and Privacy Policy. I agree to adhere to General Data Protection Regulation (2018) and the Data Protection Act 2018 and will inform Magna Vitae immediately of any breach.

Signed:

Date:

Position with club:

Please return completed form to the Operations Manager at your chosen venue.

Please note that your booking has/has not (please delete as appropriate) been accepted. If you have any queries regarding your booking, please contact me in writing within the next seven days. Thank you.

Form verified and authorised by Operations Manager

Signed:

Date:

Designation:

DBS Check

Certificates seen and copied:

Qualifications Insurance

£

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