

# Concord Sports Centre

## BLOCK BOOKING REQUEST FORM

ACTIVITY	
NAME OF CLUB	
JUNIORS/ ADULTS	
CONTACT NAME	
ADDRESS	
EMAIL ADDRESS	
TELEPHONE HOME	
TELEPHONE WORK	
REQUIRED DAY & TIME OF BOOKING	Day: _____ Start Time: _____ End Time: _____
2ND CHOICE DAY & TIME	Day: _____ Start Time: _____ End Time: _____
START & END DATE OF BOOKING	From: _____ Until: _____
AREA REQUIRED/NUMBER OF COURTS	
ANY OTHER REQUIREMENTS	
PAYMENT AMOUNT	£ _____
SIGNED	
PRINT NAME	
DATED	

CONFIRMATION OF ACCEPTANCE/REFUSAL OF THIS REQUEST WILL BE SENT IN WRITING GIVING DETAILS OF DATES BOOKED.

**TO TERMINATE YOUR BLOCK BOOKING WE REQUIRE 7 DAY'S WRITTEN NOTICE TO NICKY HODGE, RECEPTION MANAGER (ONE OFF CANCELLATIONS REQUIRE 48 HRS MINIMUM NOTICE)**

IF SUFFICIENT NOTICE IS NOT RECEIVED YOUR BOOKING WILL BE CANCELLED.  
PAYMENT MUST BE MADE BEFORE USING THE FACILITIES.  
PAYMENT IS TO BE MADE BEFORE THE USE OF FACILITIES

**OFFICE USE ONLY:**

MEMBERSHIP NUMBER \_\_\_\_\_ REF \_\_\_\_\_

DATES ACCEPTED: FROM \_\_\_\_\_ TO \_\_\_\_\_

TIMES ACCEPTED: FROM \_\_\_\_\_ TO \_\_\_\_\_

EXCEPTION DATES: \_\_\_\_\_

\_\_\_\_\_

COST PER SESSION: \_\_\_\_\_ AUTHORIZED BY: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_