

**LOGIE KIRK HALLS**

**APPLICATION FORM FOR OCCASIONAL HIRE OF LOGIE KIRK HALLS FACILITIES**

**15-17 Alloa Road, Causewayhead, Stirling, FK9 5LH – 01786 448251 – logiehalls@tiscali.co.uk**

Please complete the following application form and return to the Hall Manager, Jackie Taylor at the Church Office 2 weeks before your booking date.

**Organisation applying\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Activities you wish to use the facilities for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

e.g. playgroup; elderly , lunch club; advice service; private fitness class; education class; children’s party

**Contact details**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your organisation a registered charity? Y/N Charity No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FACILITIES REQUIRED** (please tick the rooms and the times you wish to hire them

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Room | How Often?(e.g. weekly, monthly) | Day (s) of the week | Morning | Afternoon | Evening |
| Main Hall |  |  |  |  |  |
| Kitchen |  |  |  |  |  |
| Lesser Hall |  |  |  |  |  |
| McNeil Room |  |  |  |  |  |
| FergussonRoom |  |  |  |  |  |

Please sign the statement below;

I have read the Church’s facilities information sheet and understand the costs that will be charged for hiring the premises. I also understand that appropriate insurance cover, including public liability insurance, will be required and a copy of the document provided to the Hall Manager.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date Let Approved:……………………………………… Minister’s Signature ……………………………………..