

# High Life Highland – The Sunart Centre

## APPLICATION FOR LET OF PREMISES

Name of Organisation requesting let:			
Name of person to requesting let:		Position in organisation:	
Address of person to requesting let:	Telephone:		

Purpose of let	Sport School	Arts Council	Education Social	Commercial	Other:
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Name & address of the person to who invoices should be sent:

Postcode: \_\_\_\_\_ Tel No. \_\_\_\_\_ E-mail: \_\_\_\_\_

<b>Accommodation Required</b> (please tick as appropriate)	Community Room 1 (Small)	<input type="checkbox"/>	Community Room 2 (Large)	<input type="checkbox"/>
	Games Hall * +	<input type="checkbox"/>	Astro Turf*	<input type="checkbox"/>
	Theatre	<input type="checkbox"/>	Meeting Room	<input type="checkbox"/>

\*other : \_\_\_\_\_

*This form **does not** cover the use of any kitchen or catering equipment. If this service is required please ask for details. Catering can be provided on request.*

**Note** \* Qualification of instructor if applying for Games hall / Astro Turf: + Indoor shoes must be worn in the games hall

**Purpose for which accommodation is required:**

<u>Charge</u> your organisation makes to its members		Adults	£	Children / concessions	£
Estimated attendances	MALE	FEMALE	Does you / your group have adequate insurance <b>YES / NO</b>		
ADULTS			<i>Note: It is the responsibility of the lessee to ensure that any insurance cover that it may deem necessary to hold has been properly arranged in advance of the let. High Life Highland strongly recommends that for the protection of group members hiring this facility the group has Public Liability Insurance to cover injury and property damage to third parties as a result of their negligence.</i>		
UNDER 18s					

**IF YOUR ACTIVITY IS AVAILABLE TO OR INCLUDES CHILDREN:** Has your organisation adopted the Highland Child Protection Committee (HCPC) or other Child Protection Policy? **YES / NO**

Day(s) of Week Required:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date(s) Required:							

**If Let is for a Series** *NB – Series run for a maximum of 10 weeks and must be renewed after this time*

Commencement Date: \_\_\_\_\_ Closing Date: \_\_\_\_\_

Time Required (please allow time for setting up and clearing up):	Access required from:	Access required until:
	Event start time:	Event finish time:

In the event of my organisation being granted the use of the premises applied for I agree that my organisation will abide by the Regulations as laid down by High Life Highland and the Àrainn Shuaineirt Management Committee. I have been made aware of all relevant Health & Safety regulations and Evacuation Procedures and will ensure that all those present will be aware of them.

Signature: \_\_\_\_\_ Capacity: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to: [eoghan.carmichael@highlifehighland.com](mailto:eoghan.carmichael@highlifehighland.com) or post to the address below**