

**LETTINGS ENQUIRY FORM**

Start Date: Click to enter a date.

End Date: Click to enter a date.

Finish/Vacate time: Please enter time in 24hr

Facilities required: Click here to enter text.

Name of Club: Click here to enter text.

Public Liability Insurance details if applicable: Click here to enter text.

Full Name of Person completing this application: Click here to enter text.

Address:

Click here to enter text.

Tel No: Click here to enter text.

Email Address: Click or tap here to enter text.

Additional information:

Click here to enter text.

Date of Application: Click to enter a date.

Please click the box to confirm acceptance of the school’s Terms and Conditions.

Please complete application and return to [lynn.green@chasehigh.org](mailto:lynn.green@chasehigh.org)