ANNUAL SESSION PASS APPLICATION FORM

**Office use only**

|  |  |
| --- | --- |
| Cust No. |  |
| Order No. |  |
| Amount |  |

Please complete all sections of this form and return to Environmental Services, at the adress below. **Or**, you can reply via email at [info@chesterfield.gov.uk](mailto:info@chesterfield.gov.uk).

Please get in touch if you have any queries or would like more information.

# APPLICANT CONTACT DETAILS

|  |  |
| --- | --- |
| **Name of Organisation** | Insert text |
| **Name of Applicant** | Insert text |
| **Address** | Insert text |
| **Postcode** | Insert text |
| **E-mail Address** | Insert text |
| **Telephone Number** | Insert text |
| **Mobile Number** | Insert text |

# BOOKING DETAILS

|  |  |
| --- | --- |
| **Nature of Booking / activity** | Insert text |
| **Recreation Ground/ Park** | Insert text |
| **Start date** | Insert text |
| **Day(s) required**  **(day(s) of the week)** | Insert text |
| **Time(s) Required**  **(during daylight hours ONLY)** | Insert text |
| **Frequency per week / month** | Insert text |
| **Number of people per session** | Insert text |
| **Is there to be a charge for admission?** | YES / NO  (if yes, please state amount per adult/concessionary) |

# INSURANCE

|  |  |
| --- | --- |
| **£5 million Public Liability Insurance (please provide the certificate when you have received it)** | YES / NO |
| **Policy number** | Insert text |
| **Expiry date** | Insert text |
| **Copy attached** | YES / NO |

# RISK ASSESSMENT

|  |  |
| --- | --- |
| **Copy attached** | YES / NO |

# MUSIC

|  |  |
| --- | --- |
| **Do you intend to play music?** | YES / NO |
| **Please attach music licence (PRS)** | Attach document in acceptable format. |

|  |  |
| --- | --- |
| **Any additional information / comments** | Insert text |

# APPLICATION CERTIFICATION

|  |  |
| --- | --- |
| I confirm that I have read and understood the Terms and Conditions and agree to abide by them. | YES / NO |
| I confirm that I am authorised to complete this form and agree to be responsible for any information provided. | YES / NO |
| I understand that this booking will be treated as provisional until I receive confirmation in writing from Chesterfield Borough Council. | YES / NO |
| I agree to produce any further details should the council require them before the commencement of the sessions. | YES / NO |
| I agree to provide 2 free sessions and / or a taster session free of charge in lieu of the usual fee of £98 | YES / NO |

|  |  |
| --- | --- |
| **Signature:** | **Date:** |



All information provided will be treated in accordance with the Data Protection Act 2018 and will remainconfidential. We will not share your information with third parties. You can [view our privacy notice*.*](https://www.chesterfield.gov.uk/1252)