

WIRRAL LEISURE BLOCK BOOKING FORM (COVID)

NAME OF CLUB / SCHOOL / ORGANISATION	
FACILITY REQUIRED	
FUNCTION OF ACTIVITY	

TYPE OF BOOKING	SUMMER (APR-AUG)	WINTER (SEP-MAR)
BLOCK BOOKING		
SINGLE BOOKING		

DAY / DATE / TIME	DAY	DATE	TIME
1ST CHOICE			
2ND CHOICE			
3RD CHOICE			

NUMBER OF PARTICIPANTS ATTENDING	
----------------------------------	--

NAME OF HIRER	
HOME ADDRESS	
POST CODE	
EMAIL	
CONTACT NUMBER	

NAME OF TREASURER	
HOME ADDRESS	
POST CODE	
EMAIL	
CONTACT NUMBER	

For additional requirements, please specify overleaf and discuss with centre manager

DATES REQUIRED	TIME FROM	TIME TO	ADDITIONAL INFORMATION

I acknowledge receipt of the Conditions and Regulations for Leisure Bookings (Form B3)
 I acknowledge receipt of the Conditions and Regulations for COVID compliance (Form CV1)

SIGNATURE

DATE

You will receive acknowledgement that your booking request has been received. Your booking will then be processed and an acceptance letter sent out prior to confirming your successful application.

Please return complete forms to:
karenfinnigan@wirral.gov.uk

