

Application Form

Room Hire

London Steiner School

For office use only:

Application received

Outcome

Passed to Finance

Return the completed form to:
Office@LondonSteinerSchool.org

Organisation Details

Name:

Address:

Telephone Number:

Email Address:

Representative Name: *

Representative Contact Number:

*This person must be over 18 and responsible for the booking

Room Hire Details

Rosebay Kindergarten	Classroom 1	Classroom 4
Willowherb Kindergarten	Classroom 2	Classroom 5
Eurythmy Room	Classroom 3	Classroom 6
Library	Playground	Number of People to Attend

Dates

From

To

Times *Earliest 9:30am - Latest 9:30pm*

From

To

Please allow time for setting up and clearing away

Purpose *Please provide a description of the activities that will be taking place:*

Cost

Total Cost of Hire:

Refundable Security Deposit: *

*25% of the Total Cost of Hire

Declaration

I have read the accompanying **Conditions of Hire, Safeguarding Policy, Equal Opportunities Statement** and undertake to pay the above charge and conform to the **Conditions of Hire** and **Safeguarding Policy** in all respect in the event of the application being accepted. I agree that this application and the **Conditions of Hire** shall be deemed to be a contract between myself and London Steiner School upon the acceptance of this application by London Steiner School.

Signed:

Date:

References

Please give the names, numbers and emails of two people who would be willing to supply a reference for you: *

*Only required for first-time bookings.

Reference 1:

Name:

Email:

Phone:

Reference 2:

Name:

Email:

Phone:

When you have completed the form, please save the file or your information will be lost.