

Agreement for use of School Facilities



1. Organisation Details:

| | |
|----------------------------|--|
| Name of Association/Group: | |
| Address: | |
| Contact Name: | |
| Contact Phone Number: | |

2. Facilities Required:

| | |
|---|--|
| Facilities Required: | |
| Purpose/Description of Activity: | |
| Dates/Days Required: | |
| Time: | |
| Start Date: | |
| Name and contact details of person in charge: | |
| Contact Number: | |

3. Insurance Details:

| | |
|--|--|
| Name and Address of Insurance Company: | |
| Policy Number: | |
| Expiration Date of Policy: | |

Insurance Policy provides specific indemnity to the Patron, Trustees and Board of Management.

Please tick

4. Declaration/Authorisation to be signed on behalf of organisation

I/We agree to the conditions governing the use of school property as specified in the *Procedures on the use of School Property and School Sports Facilities Outside of School Hours 2024*. I authorise the School to make such enquiries, as it deems necessary in connection with this application.

Signed: _____

Date: _____

5. Approval of application – to be completed by the school

| | |
|--|--|
| Use of school facilities approved for use on days/dates and times: | |
| Start Date: | |
| Term End Date: | |

The original insurance certificate has been inspected and a copy has been retained for the School records.

Please tick

Signed on behalf of the Schools Board of Management:

School: _____

Signed: _____

Date: _____

6. Patron Approval of use of School Facilities

Patron Approval should be sought by filling in this [JotForm](#).

Date Patron Approval Sought: _____

Date Patron Approval Received: _____

Signed: _____

***This form along with a copy of original insurance certificate should be retained for school records.**