USAGE OF PUBLIC HALLS / FACILITIES

Name of facility:

Half yearly report – please indicate which half these statistics relate to by ticking the box

Reporting Year: ☐ January to June ☐ July to December

Usage Details

Date of Event	Hirer	Event Type	Number of Attendees	Insurance Please tick which type of insurance the hirer has.	
				Own insurance certificate	LSC Casual hirers Insurance

Information supplied by: Name……Position……

An estimate is required to assist with insurance and facility usage. Event type may include (but is not limited to) award presentations, auctions, cabarets, community fundraising events, concerts, craft days, family reunions, funerals, line-dancing, meetings, private parties, and social functions.

Office Use

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Privacy statement

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