



LISBURN CITY COUNCIL

**LEISURE SERVICES DEPARTMENT**

Please complete and return to:  
Bridge Community Centre  
50 Railway Street  
LISBURN  
BT28 1XP  
Tel: 028 9266 2496  
Fax: 028 9260 3352

**BRIDGE COMMUNITY CENTRE**

**APPLICATION FORM – USE OF BUILDING**

I hereby apply, subject to the conditions of let, for the use of facilities detailed below at the above Centre.

For office use: Date received _____ Applicant's No. _____
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NAME OF ORGANISATION (if applicable) \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ TEL. NO. \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

ADDRESS (if different from above) \_\_\_\_\_

\_\_\_\_\_ Tel. No. (daytime). \_\_\_\_\_ Tel. No. (evening) \_\_\_\_\_

Name and address of Treasurer or person to be contacted regarding payment for rooms (if different from above) \_\_\_\_\_

\_\_\_\_\_ Tel No \_\_\_\_\_

PURPOSE OF BOOKING \_\_\_\_\_

Dates required \_\_\_\_\_ Times..\_\_\_\_\_ Room \_\_\_\_\_

\_\_\_\_\_ Times \_\_\_\_\_ Room \_\_\_\_\_

\_\_\_\_\_ Times..\_\_\_\_\_ Room \_\_\_\_\_

\_\_\_\_\_ Times \_\_\_\_\_ Room \_\_\_\_\_

Room layout, number of chairs/tables required, etc. \_\_\_\_\_

\_\_\_\_\_

Other facilities required (e.g. kitchen, audio/visual equipment) \_\_\_\_\_

The applicant hereby agrees to be bound by the conditions of hire, a copy of which he/she has received and by the scale of charges applicable and agrees that the delivery of the confirmation of booking shall be binding acceptance of this offer.

Signature of, or on behalf of, the Applicant \_\_\_\_\_

Date: \_\_\_\_\_

**Your booking cannot be confirmed without receipt of your completed application form.**