LOUGHTON TOWN COUNCIL

RODING VALLEY RECREATION GROUND

**FOOTBALL PITCHES 2016/2017 SEASON**

**REGULAR BOOKING FORM**

**Name of Football Club ……………………………………………………..**

**Name of League** …………………………………………………………….

**Colour of Team Strip** ………………………………………………………

**Age Group of Players** ………………………………………………………

**Secretary Name** ……………………………………………………….

 **Address** …………………………………………………….

…………………………………………………….

 **Email** ……………………………………………………..

 **Tel no Day** …………… **Evening** ….……………

**Day required Saturday / Sunday**

**Approximate time of kick-off**………………………….

**Requirements:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **\*** | **Price** | **Cost \*** |
| **One match per week for season** |  |  |  |
| **Pitch** | **Number required** |  | **815.00** |  |
| **Changing Room** | **Number required** |  | **424.00** |  |
| **Junior (9 v 9)** | **One pitch available** |  | **489.00** |  |
| **Mini-Soccer pitch****(Goals not provided)** | **Number required** |  | **317.00** |  |
| **Junior (5 v 5) pitch** | **Number required** |  | **245.00** |  |
| **One match alternate weeks for season:****(Week 1 starts 5 + 6 September)****(Week 2 starts 12 + 13 September)** | **\*\*** |  |  |
|  |
|  |
| **Pitch** | **Number required** |  | **489.00** |  |
| **Changing Room** | **Number required** |  | **255.00** |  |
| **Junior (9 v 9)** | **One pitch available** |  | **294.00** |  |
| **Mini-Soccer pitch****(Goals not provided)** | **Number required** |  | **191.00** |  |
| **Junior (5 v 5) pitch** | **Number required** |  | **147.00** |  |
|  |  | **Total Cost of Facilities Required** |  |

**\* Please complete these columns as appropriate**

**\*\* Please indicate Week 1 or Week 2 Continued overleaf……**

**DISCOUNTS:**

**Payment is due in two halves; one prior to the start of the season, and one halfway through. A discount of 10% will be given to clubs who pay the full charge for the whole season in advance. A premium of 5% will be added to the season’s charges for clubs who do not pay in one lump sum or two halves. Payment must be made in advance of the matches taking place.**

**Please tick your method of payment below, and an invoice will be issued accordingly.**

|  |  |
| --- | --- |
| **Payment in full in advance; 10% discount** |  |
| **Payment in two halves; standard charges** |  |
| **Payment at other intervals; + 5% premium** |  |

**Please give the name of a club representative who may be contacted in an emergency if the Secretary is unavailable.**

**Name** ………………………………………………………………

**Address** ………………………………………………………………

 ………………………………………………………………

 ………………………………………………………………

**Tel no Daytime** …………………. **Evening** …………………..

**In accepting the offer for hire of football facilities, my Club agrees to:**

* **abide by the Terms and Conditions of Hire as laid down by Loughton Town Council, and any other such reasonable conditions as may be introduced by the Council.**
* **accept full responsibility for the payment of Loughton Town Council's hire charges.**

**I confirm I am over 18.**

**I enclose a copy of the public liability insurance held by the club YES / NO**

**Signed**………………………………. **Date**………………………

**(for and on behalf of the Club)**

Return form to Loughton Town Council, 1 Buckingham Court, Rectory Lane, Loughton, Essex IG10 2QZ

**NB: submission of this form does not guarantee pitches will be available for you until your booking is confirmed by the Council.**

|  |
| --- |
| For office use only: |
| Invoice no. |  |
| Date |  |
| Banking Ref: |  |
| Code |  1030/301 |