



# Event Booking Form

## 2026 Quarter 2

Staff Only

Date .....

Booking  
Confirmed - Yes / No

Management Sign

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**Section A: To be completed by all.**

Club / Organisation Name:	
Main Contact Name:	
Website Address	
Email Contact No.	
Phone Contact No.	

Name of Treasurer	
Address	
Email Contact No.	
Phone Contact No.	

**Section B: To be completed by all.**

During the period you wish to request, does your club have up to date:

A current weekly Reoccurring Booking	Yes / No	
Risk Assessment	Yes / No	Centre Management Seen Yes / No
Public Liability Insurance	Yes / No	Centre Management Seen Yes / No
Safeguarding officer present (DBS)	Yes / No	Centre Management Seen Yes / No
Qualified First Aider present	Yes / No	Centre Management Seen Yes / No
IF yes to all the above, does your club have a Temporary Responsible Person (TRP)	Yes / No	

TRP Name	BCSC Induction Completed / Signed
	Yes / No
	Yes / No

Activity	
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