



Name of person & organization requesting building use:

Your Name:

Phone Number:

Address:

Name and phone number of person managing event:

(Person must be present on the days use and must report to the management to gain access to the building)

Area(s) of the building being requested: Hall Type L / Hall Type R / Office

Purpose or nature of Meeting / Event / Lessons:

For how many people? \_\_\_\_\_ Proof of liability insurance attached? \_\_\_\_\_

Date(s) / Days of building use: \_\_\_\_\_ Times: \_\_\_\_\_

Security Deposit amount: £250.00  
Type : Cash / Cheque

Given to:

Date:

Additional fees: \_\_\_\_\_ (Private functions)

Donations to the trust: \_\_\_\_\_

Special instructions:

In witness whereof, Kalgidhar Trust UK and the following organization and/or persons have executed this agreement with:

\_\_\_\_\_  
User Signature

\_\_\_\_\_  
Approval Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Organisation

Kalgidhar Trust UK  
Organisation