## RESTRICTED - CONFIDENTIAL WHEN COMPLETED

## CHICKSANDS WELFARE HOUSE BOOKING FORM

17 Orchard Drive | Chicksands | Shefford | Bedfordshire | SG 17 5PR

REQUIREMENT DET	AILS					
From 1200HRS on			T	o 1030HRS or	1	
No	Rank		N	lame		
Unit Address						
Home Address						
Work Tel			Home Tel			
Number of adults stay	ing N	lumber of chi	ildren	staying		
Name of Lead Guest	(If different from a	above)			Tel No	
				PLETITION ON		
Identified Purpose of \	/isit: LEISUF	RE / ESTRAN	NGEM	IENT / WELFA	ARE* (Delete as require	ed)
No of Nights	Cost Per N		light	£	Total Cost	£
Received amount in Cash / Cheque / BACS*  *Delete as required	Person Receiving		Signature			Date
£						
Account no:				ntral Bank Chic h reference as	ksands Welfare House 'surn	ame'
REFUNDS						
Date	Amo	ount refunded	I £			
Received By (Unner Case)			Signed			

Signed .....

Issued By (Upper case) .....

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## TERMS AND CONDITIONS AGREEMENT

As the hirer of the Chicksands Welfare House you are obliged to have read, understood and agree to the following Terms and Conditions prior to its use.

- 1. I as the hirer, understand that failure by myself or any member of my staying guests to observe or adhere to any obligations under this agreement may render me liable to legal proceedings and/or disciplinary action and/or result in further use of the Chicksands Welfare House being denied.
- 2. I am aware that it is advised that I, as the hirer, are to have the appropriate insurance to cover myself and staying guests for any of the following eventualities:
  - a. Damage to the Chicksands Welfare House its structure, fittings and/or its internal/external property/goods whether intentionally caused or not.
  - b. Any loss of Chicksands Welfare House internal/external fittings, goods and/or properties.
  - c. Injuries/accidents caused to myself or staying guests due to misuse of the property or any incidents which a person of reasonable and sound mind would consider unreasonable and/or negligent action(s).
- 3. I shall leave the Chicksands Welfare House in a good, clean, fit state and report all damages to the property internally or externally to the Chicksands Unit Welfare Department Staff at the earliest appropriate opportunity.
- 4. I understand that, as the hirer, it is my responsibility to attain suitable bed linin for the duration of my stay/use of the Chicksands Welfare House and to remove it prior to my departure.
- 5. I understand that there are strictly no pets or animals permitted in the Chicksands Welfare House, unless pre-authorised by the Welfare Department for guide dogs or other designated care animals; proof of which lies with the Hirer. Any damage caused, or cleaning required, because of such animals being permitted in the property will be my responsibility.
- 6. I understand that there is a strict no smoking policy in the Chicksands Welfare House. Any smoking is to take place a minimum of 5 meters from the property outside.
- 7. The Welfare Department or DCI Chicksands Chain of Command will not be held responsible for the loss or damage of any items or property left behind by myself or guests during or after my stay/use of the Chicksands Welfare House.
- 8. I understand that the Welfare Department Welfare Officer and SNCO reserve the right to refuse any person(s) the use of the Welfare House as they deem fit.
- 9. I understand that in the event of a Welfare Emergency the Welfare Department will require myself and all guests to vacate the Chicksands Welfare House. A full refund for any days stay remaining will be awarded; if no breach of Terms and Conditions has taken place, the full Damages Deposit will be returned also. Please see the House Guide for a list of local alternative accommodation.

I hereby confirm I have read, understand and agree to the above Terms and Conditions for the use of the Chicksands Welfare house.

Hirer Name (Upper Case)
Signature
Date