

APPLICATION FOR HIRE OF FACILITIES
AT TEDDINGTON SPORTS CENTRE

Nominated tear co-ordinator(s)	()	First Nominee	(ii) 	Second Nominee
Address of tea co-ordinator(s)			(ii) 	
-	(Business)			
	(Email)			
Type of activity	/:			
Area required:				
Any other requ	irements:			
Day(s) required	l:			
Time(s) require				
MONTHS	DAT	ES		[,] Excluded Dates (i. k Holidays)

Signed:	D	ate:	
-			

PTO >



Data Protection

For full details of Richmond Council's Data Protection Policy please visit www.richmond.gov.uk

If you do not want to receive information about offers, activities and events from the Sport & Fitness Services Section of the Environment Department, please tick \Box

If you do not wish to be contacted by the Sport & Fitness Services Section of the Environment Department for research purposes (excluding research / surveys the Council is required to conduct) please tick

Equality & Diversity Monitoring

In order to monitor the effectiveness of our sports and fitness programmes and to ensure that we are reaching all areas of the community as specified in our Diversity & Equality Policy, it would help us if you could complete the section below. This information will be used for monitoring purposes only.

Gender:	□ Male	Female	Prefer no	□ Prefer not to say				
Age:	□ Under 16 □ 65-74	□ 16-24 □ 75-84	□ 25-34 □ 85+		□ 55-64			
Ethnicity:	White English / Welsh / Scottish / Northern Irish / British Irish Gypsy or Irish Traveller Eastern European Any other White background, please describe							
	Mixed / Multiple Ethnic Groups White & Black Caribbean White & Black African White & Asian Any other Mixed / Multiple ethnic background, please describe							
	Asian or Asia Indian Pakistani Bangladesh Chinese Afghan Any other A	i	please describe _					
	Black / African / Caribbean / Black British □ Caribbean □ African □ Any other Black / African / Caribbean background, please describe							
	Other Ethnic Group □ Arab □ Any other ethnic group, please describe							
	□ Prefer not to say							
Disability:	Do you have a	disability?	□ Yes	□ No				
	lf yes , please s	pecify:	 □ Sensory im □ Mental hea □ Learning di □ Other please 	Physical impairment Sensory impairment Mental health condition Learning disability/difficulty Other please specify				