

# USER APPLICATION FORM



## 2009/10 SEASON

## LAKESIDE COUNTRY PARK

ORGANISATION DETAILS					
Organisation Name:					
Contact Name:					
Address:					
			Postcode:		
Telephone:		Fax:		Email:	

KEY CONFIRMATION
New Applicants: I require one set of keys and understand that I will be invoiced for any costs associated with loss of keys*
Existing Applicants: I confirm I have one set of keys for Lakeside pavilion and understand that I will be invoiced for any costs associated with loss of keys *
*Please delete as appropriate

I confirm that I have read the Lakeside Country Park Regulations and that I consider our arrangements to be in accordance with said regulations for the use of the lakes and that all relevant persons have been made aware of the necessary information.

I have enclosed a copy of our current Risk Assessment and Public Liability Insurance Certificate

Signed..... Position..... Date.....