

Please complete this form to confirm your requirements for a children's party at  
Suffolk New College Sports Centre.

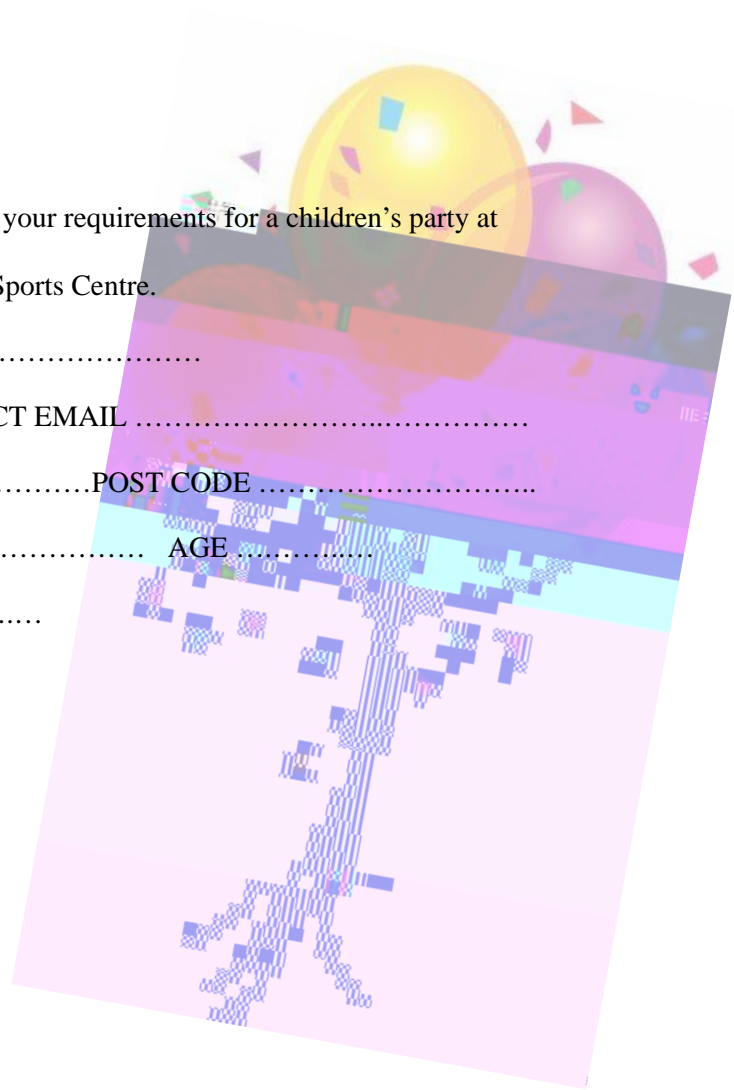
CONTACT NAME .....

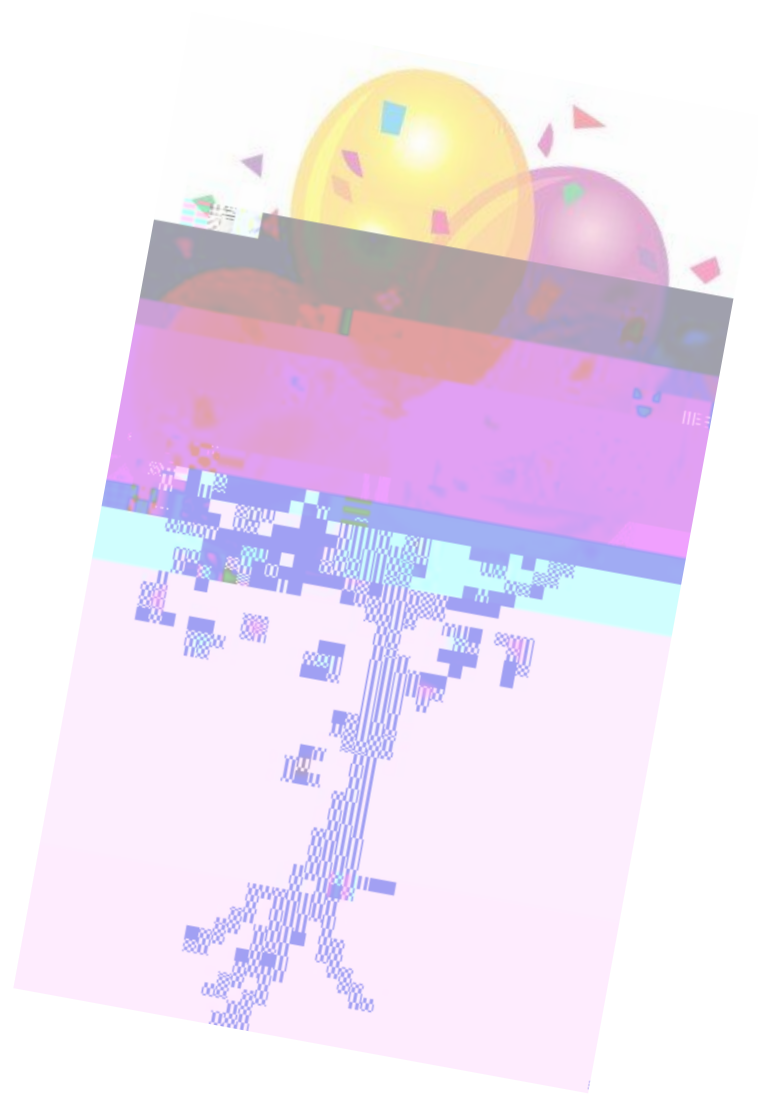
CONTACT PHONE No ..... CONTACT EMAIL .....

ADDRESS ..... POST CODE .....

BIRTHDAY CHILD'S NAME ..... AGE .....

PARTY DATE..... START TIME .....





# Suffolk New College Sports Centre

## **TERMS & CONDITIONS OF USE**

These terms and conditions, together with the form of application to hire the sports centre, shall constitute the contract between the college and the hirer(s)

### **Application**

