



LOAN OF EQUIPMENT

Name of Organisation: _____

Address: _____

Contact Name: _____ Tel No: _____

Purpose of Loan: _____

Dates: From: _____ To: _____

Please list below the equipment which you require:

You will be contacted to arrange a pick up time and date when your application has been processed.

PLEASE ENSURE ALL EQUIPMENT IS RETURNED IN THE CONDITION IN WHICH IT IS ISSUED. THE APPLICANT WILL BE LIABLE FOR ALL BREAKAGES.

Signed (on behalf of organisation): _____

Date: _____

Please return form to: Janine Harvey
Sports Development Officer
Antrim Civic Centre
50 Stiles way
Antrim
BT41 2UB

For Office Use Only	
Signed:	Date out:
Janine Harvey Sports Development Officer Antrim Borough Council	Date returned: