

NETHY BRIDGE COMMUNITY CENTRE

Stewards

Date and Type of Event _____

Time of Event _____ to _____ **(no later than 1.00 am)**

Details of two responsible adults to be stewards at the event:

Name (1) _____

Date of Birth _____

Address _____

Postcode _____

Telephone Number _____ Mobile _____

Name (2) _____

Date of Birth _____

Address _____

Postcode _____

Telephone Number _____ Mobile _____

We the above agree to be stewards in attendance at the above function at all times to ensure the safety of individuals and property. We also agree to reimburse any cost of making good any damage to the premises howsoever caused and reimburse any losses incurred by the Community Centre i.e. loss of rental income.

Signature (1) _____

Signature (2) _____

Print Name _____

Print Name _____

Date _____

Date _____