# PUBLIC DISCO INSURANCE FORM

COMPLETED FORMS SHOULD BE RECEIVED BY YOUTH WORK IRELAND AT LEAST FIVE (5) WORKING DAYS IN ADVANCE. THE PUBLIC DISCO FEE IS €38.85.

NAME OF YOUTH CLUB: ------------------------------------------------------------------------------------------------------------------------------------

PERSON MAKING APPLICATION: -----------------------------------------------------------------------------------------------------------------------

ADDRESS: --------------------------------------------------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------- TELEPHONE NUMBER:-------------------------------------------------

DATE OF DISCO: -------------------------------------------------- VENUE OF DISCO: ------------------------------------------------------

FULL ADDRESS OF VENUE: -------------------------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------- OWNER OF VENUE: ----------------------------------------------------

TIME OF DISCO: STARTING -------------------------------- FINISHING: ---------------------------------------------------------------

WILL THERE BE A COVER CHARGE: 🞎 YES 🞎 NO HOW MUCH:------------------------------------------

TOTAL NUMBER IN ATTENDANCE: ESTIMATE------------------- TOTAL NUMBER OF SUPERVISORS:

CLUB LEADERS:------------ HELPERS:-------------

CLUB MEMBERS (AGE RANGE): UNDER 21: ---------------- 12 – 21: ----------------- OVER 21: ----------------

MEMBERS OF THE PUBLIC: UNDER 21: ---------------- OVER 21: --------------

WILL FOOD & DRINK BE SUPPLIED: 🞎 YES 🞎 NO

IF YES GIVE DETAILS: ---------------------------------------------------------------------------------------------------------------------------------------

WILL ALCOHOL BE SUPPLIED: 🞎 YES 🞎 NO

IF YES GIVE DETAILS: ---------------------------------------------------------------------------------------------------------------------------------------

**I CONFIRM THAT THE INFORMATION IN THIS FORM IS ACCURATE:**

**SIGNED ON BEHALF OF THE YOUTH CLUB:---------------------------------------------------------------------------------------------------------**

**DATE:---------------------------------------------------------------**

**TO BE COMPLETED BY REGIONAL OFFICE:**

SIGNED ON BEHALF OF REGION**: -----------------------------------------------------------------------------------------------------------------------**

**DATE:--------------------------------------------------------------**

**TO BE COMPLETED BY YOUTH WORK IRELAND:**

**DATE OF RECEIPT OF FORM:------------------------------------------ DATE TO ACCOUNTS:---------------------------------------**

## AMOUNT PAID: €

**COVER CANNOT BE GUARANTEED IF THE TIMEFRAME IS NOT OBSERVED.**

**ALL FORMS MUST BE FORWARDED TO YOUR MEMBER YOUTH SERVICE OFFICE.**

**YOUTH WORK IRELAND**

**20 LOWER DOMINICK STREET, DUBLIN 1.**

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