

FACILITY USAGE APPLICATION

Youth centres

DETAILS (☐ Youth o			☐ Youth gr	oup in Helsinki 🗌	City of H	Hels	sinki agenc	v/dep	oartment 🗌 Othe	er			
☐ Youth organisation in Helsinki ☐ Youth group in Helsinki ☐ City of Helsinki aq Official name of the organisation/group								Business ID or registration number					
Street address								Postal code and city					
Contact person							Phone number						
Email					website	Э							
Billing address: name and street address (if different from above)									Postal code and city				
Brief descr	ription of th	he club's or o	rganisation's	s activity									
REQUEST													
Youth centre							Rooms requested						
Day of wee	ay of week Date/Period*			Time**		Sin	ingle session		Once a week Ev		ery other week		
*start and end and autumn separately for	semesters	,	;	**preparations before after the activity mus included in the time			1	ctivities for adults		 1	Group si	ize	
Proposed	use /Conte	ents of sessio	n										
Instructor's name (if several, attach details separately)							Phone number						
Additional	details ab	out session (e.g. alternat	tive time)		-							
Date		Signatu	gnature (signature of parent or guardian if und				er 18) Personal ID code (ddmmyy-xxxx			/y-xxxx)			
Name in b	lock capita	als	The personal ID code is required if the applicant does not have a business ID or a registration number									seok	
DECISION	I – TO BE			HE APPLICATION JTH DEPARTMEN		BE	SUBMITTE	D T	O THE RELEVA	NT Y	OUTH CE	NTRE	
TIME GRANTED Day of week		Date/Period		Time -	Time -		Single session		Once a week Eve		ry other w	reek	
						ı	Rental fee				inc	c. VAT	
Additional	details												
Terms Address fo		lation are atta	ached		Indepe	end	ent use of f	facilit	ties must be agre	ed u	pon sepa	rately	
Number Date		Signature											