**Application for an Outdoor Fitness Class License**

**CCDT Parks and Open Spaces**

**Personal Details**

First Name: Last Name:

Name of Business:

Email Address:

Mobile Phone Number: Home Phone Number:

Business Address:

Website:

**Your sessions**

Frequency:

Once a week □

2-4 times a week □

5 times a week + □

Group Size: (Covid-19 update we are only issuing 1 to 1 and groups of up to 6 licenses at present)

1 to 1 session □

2-5 □

6-15 □

16-30 □

**Brief description of your sessions and what you offer**

**Which park(s) are you applying to work from**

**Any further relevant information**

**As part of your licence we will promote your business on our webpage and also on our social media. Please indicate if you do not wish us to share your details** □

**Please return with evidence of your public liability insurance and risk assessment.**

**cecilie@chichestercdt.org.uk**

CCDT, The Water Tower, Blomfield Drive, Graylingwell Park, Chichester, PO19 6BZ