

Application for Hire of Wingate Avenue Community Centre Facilities

Name of Hirer/ Organisation					
Type of Entity	<input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Non-for-Profit				
Contact Name					
Address	Address Line 1				
	Suburb		State		Postcode
Email Address					
Phone Number					

Purpose of Hire					
Type of Hire					
Room Required	<input type="checkbox"/> Hall <input type="checkbox"/> Shed <input type="checkbox"/> Classroom <input type="checkbox"/> Kitchen <input type="checkbox"/> Computer Lab				
Location	<input type="checkbox"/> Wingate Avenue Community Centre <input type="checkbox"/> Union Road				
Day(s) of the week					
Dates Required					
Time of Hire	From	:	<input type="checkbox"/> AM <input type="checkbox"/> PM	Until	:
Number of Attendees					
Comments					

Method of payment	<input type="checkbox"/> Payment made prior to the booking date <input type="checkbox"/> Invoice required (please note an additional \$20 administration charged will be added if an invoice is required)				
	Organisations details for invoice purposes				
	Name				
	Organisation				
	Address				

Additional Information	<ul style="list-style-type: none"> A minimum of 2 weeks' notice is required for all bookings. A bond of \$200 is required for all bookings Provided the facilities are left in good condition, the bond can be collected the following business day after the hire. Please note that submission of this form does not confirm the hire. All forms are submitted to management and confirmations of the hire will be made via phone call or email.
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Acceptance of Room Hire Agreement Acknowledgement

I acknowledge that:

- I have read and understood the conditions of hiring our facilities.
- Where the Hirer is a company or an incorporated association, I am authorised by the Hirer to complete this application form on their behalf.
- I understand by signing this form, I am personally responsible for ensuring that users comply with the conditions of hiring. Should the users breach any of the Hall Hire Policy, I shall be personally responsible for any such breaches, including damage of the room which would result in a penalty and/or loss of security bond.

Full Name			
Signature		Date	/ /

OFFICE USE ONLY

Room Hire Fees	\$	Payment made	/ /
Bond	\$ 200.00	Receipt No.	
Other Fees (if any)	\$	Bond Returned	/ /
Total	\$		

Caretaker Organised	<input type="checkbox"/>	Caretaker Responsible for Hire	<input type="checkbox"/>
Comments (if any)			

Managers Approval

Full Name			
Signature		Date	/ /