***ALL HIRE FEES TO BE PAID IN FULL PRIOR TO RECEIVING KEYS FOR ANY VENUE. FACILITIES WILL BE CHECKED AFTER USE PRIOR TO BOND REFUND BEING PROCESSED.***

***ALL KEYS TO BE RETURNED BY 10AM THE FOLLOW DAY***

|  |  |
| --- | --- |
| Full Name: |  |
| Company: |  |
| Phone Number: |  |
| Email Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Facility to be Hired | Oval Function Room ☐ Town Hall  Tennis Meeting Room  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Reason for Hire: |  | | |
| Dates Required: |  | | |
| Times: | From: To: | Attendees: |  |
| Do you require additional days/times to the date of your venue booking for set up and pack down?  Yes ☐ No  If yes, please list the dates and times required for set up and pack down.  Set Up Date: Time From: To:  Pack Down Date: Time From: To: | | | |

|  |
| --- |
| Will Alcohol be available:  Yes ☐ No  (If yes please complete ‘Application to consume liquor’ Permits must be approved by CEO |

|  |  |
| --- | --- |
| Signature: |  |
| Date: |  |

For bond refund payments please supply the following: Account Name:

Account Number: BSB:

***OFFICE USE ONLY***

Chief Executive Officer:  Approved  Declined

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment to be paid via: EFT  or Invoice

If being invoiced, please forward to Debtors for processing

Invoice # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Paid Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Cleaned: Yes  No

Signature of Facility Inspector:

Bond returned: Yes No Signature of Hirer & Staff member