This form is an application only & must be submitted for your booking to be processed. PLEASE READ THIS APPLICATION CAREFULLY AS IT IS THE HIRER'S RESPONSIBILITY TO ENSURE THAT THEY HAVE CORRECTLY COMPLETED THE INFORMATION REQUESTED & HAVE UNDERSTOOD THE CONDITIONS OF HIRE

| FACILITY INFORMATION  |              |               |                   |             |                       |                  |           |           |      |    |       |  |  |  |  |  |  |
|---|--------------|---------------|-------------------|-------------|-----------------------|------------------|-----------|-----------|------|----|-------|--|--|--|--|--|--|
| CIRCLE AREAS  | HALL         | CLU           | OMS               | AS RESOURCE |                       |                  | OVAL      |           | SHED |    |       |  |  |  |  |  |  |
| BEING HIRED   |              |               |                   | С           |                       | ENTRE            |           |           |      |    |       |  |  |  |  |  |  |
| INTENDED USE -  |              |               |                   |             |                       |                  |           |           |      |    |       |  |  |  |  |  |  |
| REQUESTED DATE  | / /          | to /          | to / / NUMBERS AT |             |                       | ENDING           |           | START TIM |      | F  | INISH |  |  |  |  |  |  |
| CONTACT DETAILS OF PERSON MAKING THE BOOKING  |              |               |                   |             |                       |                  |           |           |      |    |       |  |  |  |  |  |  |
| CONTACT NAME  | PHONE NUMBER |               |                   |             |                       |                  |           |           |      |    |       |  |  |  |  |  |  |
| ADDRESS   |              |               |                   |             |                       |                  |           |           |      |    |       |  |  |  |  |  |  |
| EMAIL ADDRESS   |              |               |                   |             |                       |                  |           |           |      |    |       |  |  |  |  |  |  |
| NAME OF   |              |               |                   |             |                       |                  |           |           |      |    |       |  |  |  |  |  |  |
| ORGANISATION  |              |               |                   |             |                       |                  |           |           |      |    |       |  |  |  |  |  |  |
| CONTACT NAME  |              |               | PHONE NUMBER      |             |                       |                  |           |           |      |    |       |  |  |  |  |  |  |
| ADDRESS   |              |               |                   |             |                       |                  |           |           |      |    |       |  |  |  |  |  |  |
| EMAIL ADDRESS   |              |               |                   |             |                       |                  |           |           |      |    |       |  |  |  |  |  |  |
| ABN No PRESIDENTS NAME  |              |               |                   |             |                       |                  |           |           |      |    |       |  |  |  |  |  |  |
| DOES YOUR ORGA  | HOLD YES     |               | ES                | NO          | V                     | ALUE             | \$        |           |      |    |       |  |  |  |  |  |  |
| PUBLIC LIABILITY INSURANCE  |              |               |                   |             |                       |                  |           |           |      |    |       |  |  |  |  |  |  |
| FUNCTION INFORMATION  |              |               |                   |             |                       |                  |           |           |      |    |       |  |  |  |  |  |  |
| WILL YOU BE CHA   | YES          | 5             | N                 | NO          |                       | WILL ENTRY BE BY |           | YES       |      | NC | )     |  |  |  |  |  |  |
| ENTRY FEE TO THE  |              |               |                   |             |                       | INVITATION ONLY  |           |           |      |    |       |  |  |  |  |  |  |
| ALCOHOL   |              |               |                   |             |                       |                  |           |           |      |    |       |  |  |  |  |  |  |
| WILL ALCOHOL BE   | YES N        |               | NO                |             | WILL ALCOHOL BE SOLD? |                  |           | YES       |      | NC | )     |  |  |  |  |  |  |
| LIQUOR LICENSE S  |              | YES           |                   | NO          |                       |                  |           | 1.20      |      |    |       |  |  |  |  |  |  |
| HOW WILL YOU PROVIDE RESPONSIBLE SERVICE OF ALCOHOL   |              |               |                   |             |                       |                  |           |           |      |    |       |  |  |  |  |  |  |
|   |              |               |                   |             |                       |                  |           |           |      |    |       |  |  |  |  |  |  |
|   |              |               |                   |             |                       |                  |           |           |      |    |       |  |  |  |  |  |  |
| SECURITY – PROVIDE INFORMATION ABOUT YOUR SECURITY ARRANGEMENTS   |              |               |                   |             |                       |                  |           |           |      |    |       |  |  |  |  |  |  |
| SECURITY - PROVIDE INFORMATION ABOUT TOUR SECURITY ARRANGEMENTS   |              |               |                   |             |                       |                  |           |           |      |    |       |  |  |  |  |  |  |
|   |              |               |                   |             |                       |                  |           |           |      |    |       |  |  |  |  |  |  |
| FOOD  |              |               |                   |             |                       |                  |           |           |      |    |       |  |  |  |  |  |  |
| FOOD BE SEE   | NED2         | VEC           |                   | NO          |                       | MILL EOO         | D BE COLF | 12        | VEC  |    | NO    |  |  |  |  |  |  |
| WILL FOOD BE SERVED? YES NO WILL FOOD BE SOLD? YES NO   |              |               |                   |             |                       |                  |           |           |      |    |       |  |  |  |  |  |  |
| LIST ANY AMUSEMENTS & EXTRA EQUIPMENT BEING USED ON THE SITE  |              |               |                   |             |                       |                  |           |           |      |    |       |  |  |  |  |  |  |
|   |              |               |                   |             |                       |                  |           |           |      |    |       |  |  |  |  |  |  |
|   |              |               |                   |             |                       |                  |           |           |      |    |       |  |  |  |  |  |  |
| Devices costing 0 and in an abine a second to the Hell  |              |               |                   |             |                       |                  |           |           |      |    |       |  |  |  |  |  |  |
| Bouncy castles & smoke machines cannot be used in the hall.  Drinks, eskys & slushie machines are to be stored off the wooden floors. |              |               |                   |             |                       |                  |           |           |      |    |       |  |  |  |  |  |  |
| Dilliks, eskys & Sil  | isine maci   | ייייבי מופ ני | o ne s            | toreu or    | i tile v              | voouen n         | 0013.     |           |      |    |       |  |  |  |  |  |  |
| DECLARATION   |              |               |                   |             |                       |                  |           |           |      |    |       |  |  |  |  |  |  |
| I agree that I have read the Wandi Progress Assoc. Conditions of Hire. I agree to abide by the Wandi Progress Assoc.                  |              |               |                   |             |                       |                  |           |           |      |    |       |  |  |  |  |  |  |
| Conditions of Hire and be responsible for payment of all fees and charges associated with this hire.                                  |              |               |                   |             |                       |                  |           |           |      |    |       |  |  |  |  |  |  |
| I agree that I have the authority to make this application on behalf of the above named organisation.                                 |              |               |                   |             |                       |                  |           |           |      |    |       |  |  |  |  |  |  |
| Signature:  |              |               |                   |             |                       | ı                | Date:     |           |      |    |       |  |  |  |  |  |  |