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	B RO	OMS	RE	SOURCE	THE F	PAVILION	J	SHED	OVAL
BEING HIRED					C	ENTRE					
INTENDED USE -											
REQUESTED DATE	to / / NUMBERS AT			ENDING		START T	IME	E FINISH			
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			S	S NO		ALUE	\$				
PUBLIC LIABILITY INSURANCE											
FUNCTION INFORMATION											
WILL YOU BE CHARGING		YES		NO		WILL ENTRY BE BY		SY	١	/ES	NO
ENTRY FEE TO THE				INVITATION ONLY							
ALCOHOL											
WILL ALCOHOL BE SERVED?		YES		NO		WILL ALCOHOL BE SOLD?		١	YES	NO	
LIQUOR LICENSE SIGHTED		YES		NO					•		
HOW WILL YOU PROVIDE RESPONSIBLE SERVICE OF ALCOHOL											
SECURITY – PROVIDE INFORMATION ABOUT YOUR SECURITY ARRANGEMENTS											
FOOD											
WILL FOOD BE SER	YES NO			WILL FOOD BE SOL			0?	YES		NO	
LIST ANY ANGLISEN	MENITS 9. EV	TDA FOLI	IDME	NT DEIN	C LISEI		CITE				
LIST ANY AMUSEMENTS & EXTRA EQUIPMENT BEING USED ON THE SITE											
Bouncy castles & smoke machines cannot be used in the hall or pavilion.											
Drinks, eskys & slushie machines are to be stored off the wooden floors.											
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		_					-		-	-	
I agree that I have the authority to make this application on behalf of the above named organisation.											
Signature:							Date:				