

ST LOUIS COMMUNITY HALL - BOOKING FORM

NAME	
ORGANISATION/CLUB	
PREFERRED PHONE	
EMAIL	
POSTAL ADDRESS	
EVENT NAME	
DATE REQUIRED	(dd/mm/yy)
ARRIVAL TIME	
DEPARTURE TIME	
FUNCTION DESCRIPTION	
NUMBER OF PEOPLE ATTENDING	
IS THE EVENT OPEN TO THE PUBLIC?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WILL YOU REQUIRE USE OF THE CANTEEN?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WILL YOU BE SELLING FOOD?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WILL THERE BE ALCOHOL AT YOUR FUNCTION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WILL YOU BE SELLING ALCOHOL?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE YOUR OWN PUBLIC LIABILITY INSURANCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WILL YOU BE REQUIRING A SERVICE PACKAGE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, Please specify	<input type="checkbox"/> PACKAGE 1 <input type="checkbox"/> PACKAGE 2 <input type="checkbox"/> PACKAGE 3 <input type="checkbox"/> CANTEEN
INSURANCE	HIRING IS NOT PERMITTED WITHOUT INSURANCE
KEY/ACCESS/COLLECTION	OUTSIDE OR THROUGH THE HALL MANAGER. A 4 DIGIT KEY CODE WILL BE PROVIDED AND ACCESS TO THE FACILITY IS STRICTLY DURING BOOKING TIMES.
PAYMENT	WHEN BOOKING FORMS ARE RECEIVED AND PROCESSED, AN INVOICE WILL BE FORWARDED TO YOU BY EMAIL. A DEPOSIT OF 50% IS REQUIRED TO CONFIRM BOOKING AND THE BALANCE IS DUE 1 MONTH PRIOR TO THE EVENT.



Bond will be returned after a full inspection of the hall and within 14 days of the event.

I have read the terms and conditions of the Hall Hire Agreement and agree to abide by these. I understand that the bond will not be refunded if the premises are damaged during the hire period or if left in an unclean condition.

Signature of Booking Officer: _____ Date: _____

Signature of Hirer: _____ Date: _____

CREDIT CARD PAYMENT

CREDIT CARD (Please tick one):  VISA  MASTERCARD

ACCOUNT NUMBER:

EXPIRY DATE: ____/____/____ 3 DIGIT SECURITY NO:

CARD HOLDER NAME: _____

PAYMENT AMOUNT: \$ _____

SIGNATURE: _____ DATE: ____/____/____

Or

**by Electronic Bank Transfer (Direct Debit)
as per school account details provided on Invoice**