



APPLICATION FOR ROOM HIRE

Invoice #

I have read, fully understand and agree to comply with all the Springvale Learning and Activities Centre Inc. Conditions of Hire. I have received copies of the Conditions of Hire and the Evacuation Plan.

Hirer's Full Name:

Name of Group (if applicable).....

Signature:

ID Reference No:.....

Please Print:

ADDRESS:.....

TELEPHONE: Home:..... Work..... Mobile.....

E-mail:

Booking Details

Kitchen Computer Room Supper Room Training Room

Booking Date: From To

Time Block: From To

Type of Activity/Function:

Number of people attending:

Under this agreement, I agree to:

- Provide the Centre with my current address, telephone number(s) and e-mail address.
- Notify the Centre in writing of any changes to my address, telephone number(s) and e-mail address within 7 days of changing address.
- Abide by the rules and regulations of the Centre as outlined in the Hiring Policy and Conditions.
- In relation to fees and charges, I agree to pay the following fees \$ per hour as negotiated at time of booking.
- I accept all conditions of the Centre.

Signed Dated

Office Use Only Section:	
Hiring fee paid.	
Date.....	Receipt/Cheque No.....