

HALL HIRE AGREEMENT

COLLARROY SLSC INC

DATE OF FUNCTION..... TYPE OF FUNCTION.....

It is the responsibility of the hirer to inspect the premises prior to booking the function.

I have read and agree to the conditions for the hire of the hall and the equipment available.

COMPANY NAME (if any) -

FULL NAME OF HIRER (Contact Person) -

ADDRESS –

Home ☎.....

Business ☎.....

Mobile ☎.....

DRIVERS LICENCE NO:

D/L Expiry Date:

Fax ☎.....

Email Address -

Signed.....

Date.....

Hours of use -

to -

Number of guests attending -

Approx. age of your guests -

Any special requests -

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Correspondence should be address to:

**The Venue Manager
Collaroy Surf Life Saving Club
PO Box 18,
COLLARROY NSW 2097**

Hall bookings - phone: 02 9982 5509

Office use only

Deposit received

Hire fee received

Bond received.....

Bar Fee received.....

Cleaning Fee received

Bond refund