

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 ☎

DRIVERS LICENCE NO:

Business ☎

D/L Expiry Date:

Mobile ☎

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:

Office use only

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

Deposit received

Hire fee received

Bond received

Bar Fee received

Cleaning Fee received

Bond refund

Hall bookings - phone: 0418 662 358