

99 Loftus Street, Leederville, 6007

T: 9328 3098

administration@loftuscommunitycentre.org.au

www.loftuscommunitycentre.org.au

2018 General/One off Room Hire Application Form

Contact Details

Contact Person's Name: _____ Phone: _____

Business/Group Name: _____ Mobile: _____

E-mail address: _____ ABN: _____

Postal address: _____

(inc Post Code) _____ PC: _____

Membership Type

For Profit Not For Profit Individual

Booking Information

Course Name: _____

Brief Description: _____

Room Booking: Community Hall Learning Centre

Childrens Room

Kitchen Clinic (by special arrangement only)

Day: Mon Tue Wed Thu Fri Sat Sun

Time: Start time: ____ : ____ Finish time: ____ : ____

Date: ____ / ____ / ____ (dd/mm/yy)

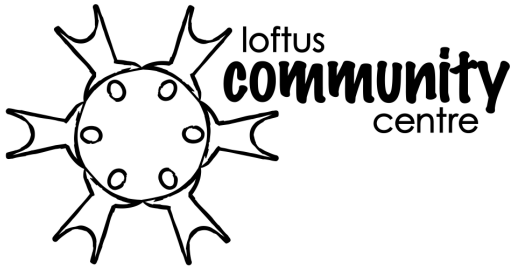
Equipment Required

TV / DVD Projector

Agreement

I have read the 2018 Processes, Terms & Conditions and understand that entering in to a Room Hire Agreement with LCC confirms my agreement with all processes, terms & conditions. I accept full responsibility on behalf of my group / organisation.

Signature: _____ Name: _____ Date: _____



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Office Use Only

Form received and process by: _____

Date received : _____

Entered into Calendar	
Credit Card details completed	
Copy of Drivers Licence taken and attached	
Payment Received	
Receipt issued (in "Notes" quote Date, Room and Time of Booking)	

SECURITY BOND INFORMATION

Type of Card: VISA/ MASTERCARD

Card Name:

Card Number : _____ Exp / CVV No:

PLEASE COPY DRIVERS LICENCE AND ATTACH