

99 Loftus Street, Leederville, 6007

T: 9328 3098

administration@loftuscommunitycentre.org.au

www.loftuscommunitycentre.org.au

2018 Regular 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

Booking Information

Course Name: _____

Brief Description: _____

Room Booking:

Community Hall Learning Centre
 Children's Room
 Kitchen Clinic (by special arrangement only)

Day: Mon Tue Wed Thu Fri Sat Sun

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

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

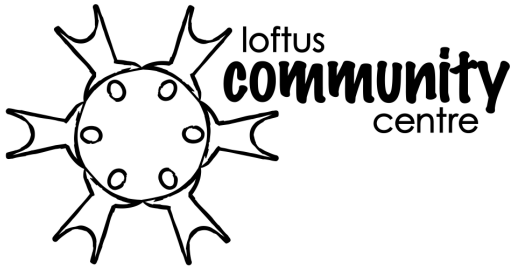
End date: ____ / ____ / ____ (dd/mm/yy)

Frequency: Weekly Fortnightly Monthly Bimonthly

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 by: _____ Date: _____

Entered on calendar by: _____ Date: _____

Entered on MYOB by: _____ Date: _____

Payment For	Date Paid	Membership Type	Invoice #	Receipt #	Amount
Membership					
Room Hire Fee					
Room Bond					
Key Bond					
Equipment Hire Fee					
Equipment Bond					
TOTAL					

Refund For	Refund Method	Refund Date	Refund Amount	Reference #
Room Bond				
Key Bond				
Equipment Bond				