

99 Loftus Street, Leederville, 6007

T: 9328 3098

administration@loftuscommunitycentre.org.au

www.loftuscommunitycentre.org.au

## 2019 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

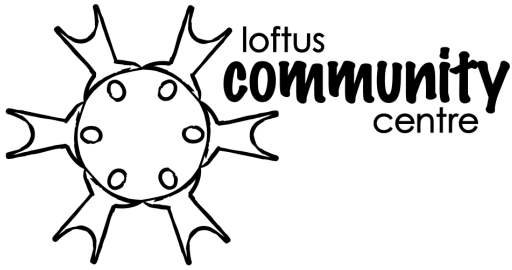
Time: Start time: \_\_\_\_ : \_\_\_\_      Finish time: \_\_\_\_ : \_\_\_\_

Date: Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yy)

### Agreement

I have read the 2019 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 : \_\_\_\_\_

Current Member	YES / NO
Entered into Calendar	
Credit Card details completed (inc CVV Number)	
Copy of Drivers Licence taken and attached	
Payment Received MYOB ref: _____	
Email sent confirming booking	

### SECURITY BOND INFORMATION

Type of Card: VISA/ MASTERCARD

Card Name:

Card Number : \_\_\_\_\_ Exp / CVV No:

PLEASE COPY DRIVERS LICENCE AND ATTACH