



Walker Close and Brooklyn Hall Association Incorporated



CASUAL BOOKING APPLICATION FORM

Walker Close Community Centre (WCCC)
180 Millers Road
ALTONA NORTH VIC 3025

Brooklyn Community Hall (BCH)
Cypress Avenue
BROOKLYN VIC 3012

T: 9318 0521 F:9318 0607

Applicants Full Name: _____

Name of Group / Organisation: _____

Address: _____

Email Address: _____

Phone Numbers: BH: _____ AF: _____

Fax: _____ Mobile: _____

Venue Required. WCCC (Room 1 Room 2 Both Brooklyn Hall

Event: _____

Date: _____ Day: _____

One off: Regular Booking: Duration of Programme (Weeks): _____

Start Time: _____ Finish Time: _____

(Timings need to include setting up and cleaning up time)

Number of people expected to attend: _____ Male: _____ Female: _____ Approx

Ages: 0-5 _____ 12 _____ 17 _____ 18: _____ 18-35: _____ 35- 60: _____ Over 60: _____

(This information is required for statistical reporting purposes only)

INSURANCE:

Do you have Public Liability Insurance? Yes: _____ Please provide a copy of your certificate of currency.
NO Insurance: **Please note:** if a copy of certificate of insurance not produced Walker Close Community Centre and Brooklyn Community Hall Association Inc will not be responsible for any accident happenings to the hirers' group members individually and/or severally. It is entirely up to the hirer to take the responsibility.



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Privacy

WCCC is collecting the personal information requested on this form is only for the purpose of processing your application. The personal information will be used solely by WCCC for that primary purpose or directly related purpose. The applicant understands that the personal information provided is for the hire of WCCC facilities and that they may apply to WCCC to access and/or amend of the information,

Acknowledgement

I acknowledge having read and agreed with the "Terms and Conditions stated above" and the policy attached to this form and undertake to comply in all aspects to such conditions.

Name: _____

Signature: _____

Date: _____

The application will not be processed unless signed.

Please return completed form to: _____ Co-ordinator
Walker Close Community Centre
180 Millers Road
ALTONA NORTH VIC 3028

Email: office@walkerbrooklyn.com.au or admin@walkerbrooklyn.com.au or by Fax: 9318 0607

OFFICE USE ONLY:

Booking Taken By _____ Date: _____

Hire Amount \$ _____ Receipt No. _____

Bond Amount: \$ _____ Receipt No. _____ Date: __ / __ / ____

Key No: _____ Code: _____ Key / & Code taken by hirer: Yes / No

Key Returned by hirer. Date: _____ Bond Returned by WCCC: Date: _____

Invoice Period: One-Off Weekly Monthly Term Other _____