

WALKER CLOSE AND BROOKLYN HALL ASSOCIATION INC.

BOOKING APPLICATION FORM

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

Brooklyn Community Hall (BCH)
Cypress Avenue
BROOKLYN VIC 3012

Phone: 9318 0521

Fax: 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 yrs _____ 5-12: _____ 12-18: _____ 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: **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 which means the hirer will take the responsibility.

Privacy

WCCC is collecting the personal information requested on this form for the purpose of processing your application. The personal information will be used solely by WCCC for that primary purpose or directly related purposes. 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

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 Monthly Term Other