

**WALKER CLOSE COMMUNITY CENTRE & BROOKLYN HALL REGULAR
USER GROUP DETAILS**

ROUP / ORGANISATION:	
CONTACT PERSON:	
ADDRESS:	
EMAIL ADDRESS:	
PHONE:	
PHONE - MOBILE:	
CLIENT BOOKING	
CURRENT CHARGES:	
PAYMENT TYPE	
KEY/S SWIPE CARD	
NOTES:	

ROOM BOOKED:	
DAY/S:	
FREQUENCY:	

SESSION STARTS TIME: _____ SESSION END TIME: _____
(15 minutes set-up time required)

START DATE IN: _____ LAST DATE : _____
Number of weeks _____ From _____ To _____

OPERATION DURING HOLIDAY PERIOD

MID-TERM SCHOOL HOLIDAYS:
DEC/JAN X'MAS BREAK HOLIDAYS:
PUBLIC HOLIDAY:

CROSS BOX IF REQUIRED BY GROUP:

Kitchen access Coffee / Tea Table / Chairs

CROSS TO CONFIRM (REQUIRED PRIOR TO START DATE):

Insurance confirmed Key & Building access Contract signed

Signature _____ Date _____