



Walker Close Association Inc.

REGULAR USER GROUP DETAILS

GROUP 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: __: __ (AM / PM) SESSION END TIME: __: __ (AM / PM)

(Set up and pack up to be include in your booking time)

START DATE: __ / __ / ____ FINISH DATE: __ / __ / ____

OPERATION DURING HOLIDAY PERIOD

MID-TERM SCHOOL HOLIDAYS:

DEC/JAN XMAS BREAK HOLIDAYS: PUBLIC HOLIDAY:

CROSS BOX IF REQUIRED BY GROUP:

Kitchen access Coffee Tea Table / Chairs

Public Liability Insurance Certificate of Currency confirmed

Key & Building access Key Number: _____ CODE _____

Contract signed

Signature _____

Date _____

Print Name: _____