



Office use only:	Hirer name _____
	Event Date _____
	Room(s) _____

## Berkeley Community Centre

Managed by Berkeley Neighbourhood Centre Inc.

### Application for Hire – Single Event

Date of Event: \_\_\_\_\_

I wish to hire (please tick appropriate box)

- Main Hall**
                    
  **Meeting Room 1**
                    
  **Meeting Room 2**  
 **Meeting Room 3**
                    
  **Office 1**
                    
  **Office 2**
                    
  **Office 3**

I will require kitchen facilities?  Yes  No

Will you be bringing alcohol to this event?  Yes  No

I will require the following equipment:

- Overhead Projector
                    
  TV – DVD
                    
  Whiteboard

For my booking I will require the following:

- Tables (Number \_\_\_\_\_)
                    
  Chairs (Number \_\_\_\_\_)

I will be bringing in the following equipment (e.g. sound equipment, indoor jumping castle):

\_\_\_\_\_

Time: (including preparation & cleaning time) From \_\_\_\_\_ to \_\_\_\_\_

Time of actual event From \_\_\_\_\_ to \_\_\_\_\_

Type of Event: \_\_\_\_\_

For birthday parties, the age of the person(s) celebrating their birthday \_\_\_\_\_

Number attending (approx.) \_\_\_\_\_ but will not exceed \_\_\_\_\_

Name of Hirer: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ Mobile No \_\_\_\_\_

(W) \_\_\_\_\_ (H) \_\_\_\_\_ Fax No \_\_\_\_\_

Email: \_\_\_\_\_ PTO

**For bond return, please provide the following information:**

Account Name \_\_\_\_\_

Bank Name \_\_\_\_\_ BSB \_\_\_\_\_ Account No. \_\_\_\_\_

Enclosed: \$ \_\_\_\_\_ full hiring charge, \$ \_\_\_\_\_ deposit, \$ \_\_\_\_\_ bond

(Delete whichever not applicable)

Tick if payment has been made by direct deposit .

**Please note that you or your organisation may be liable for any loss, damage or claims resulting from your use of this facility. You should consider obtaining suitable insurance.**

**I have read and understand the conditions applying to the use of the Community Rooms in the Centre. I agree to abide by and be bound by those conditions.**

Date \_\_\_\_\_ Signature \_\_\_\_\_ Name \_\_\_\_\_

Please return form to: Berkeley Neighbourhood Centre Inc, PO Box 103, Berkeley, NSW 2506. Telephone (02) 4271 1661  
Fax 4272 1007 Email: bookings@bnci.org.au

**OFFICE USE ONLY**

**FEE CATEGORY**

- Functions
- Non Profit Organisations
- All Other Organisations

**PAYMENTS**

Full Hiring Charges            \$..... Receipt No ..... Date .....

Deposit                            \$..... Receipt No ..... Date .....

Bond                                \$..... Receipt No ..... Date .....

Total                                \$.....

**BOND RETRIEVAL**

Deductions                        \$..... Receipt No ..... Date .....

Cheque No                         .....

*NOTE: The above should be placed on back of Application Form – previous page.*