

CITY OF HOLROYD

APPLICATION FORM - GREYSTANES COMMUNITY CENTRE

Bookings Enquiries to Priceline Pharmacy 9631 4832
 Bond Enquiries to the Treasurer, Ken Morrisey 9631 6517
 Other Enquiries to Secretary, Brian Rensford 9892 3891, Email: rensford@hnlc.org.au

| | |
|--------------------------|--|
| <i>Type of Function:</i> | |
|--------------------------|--|

| | | |
|---------------------|---------------------|-----------------------|
| <i>Day of Week:</i> | <i>Date of Use:</i> | <i>No. of People:</i> |
|---------------------|---------------------|-----------------------|

| | | | | |
|--------------|--------------|------------|--------------|--|
| <i>From:</i> | <i>am/pm</i> | <i>To:</i> | <i>am/pm</i> | <i>Purpose of Use:</i> <i>ie Private Function / Meeting</i> |
|--------------|--------------|------------|--------------|--|

| | | | | |
|-----------|------------|-------------|-----------|--------------------------------------|
| <i>Mr</i> | <i>Mrs</i> | <i>Miss</i> | <i>Ms</i> | <i>Name of Hirer / Organisation:</i> |
|-----------|------------|-------------|-----------|--------------------------------------|

Please Circle

| | |
|----------------------------|------------------------------|
| <i>Person Responsible:</i> | <i>Local Government Area</i> |
|----------------------------|------------------------------|

| | |
|---|------------------|
| <i>Address of Hirer / Organisation:</i> | <i>Postcode:</i> |
|---|------------------|

| | | |
|---------------------|----------------|---------------------|
| <i>Work Number:</i> | <i>Mobile:</i> | <i>Home Number:</i> |
|---------------------|----------------|---------------------|

Will alcoholic drinks be supplied/served/available during the function/meeting: Yes No
 If yes, please note that you must apply to Merrylands Police for a permit to serve alcohol, at least 14 days prior to your function

CONDITIONS OF HIRE:

Cancellation Fees apply as follows :

| | | |
|-----------------------------------|---|--|
| Over 2 months notice given | - | 15% forfeited; |
| 1 to 2 months notice given | - | where hall not re-let : 50% forfeited; |
| | - | where hall relet : 15% forfeited; |
| less than 1 month | - | where hall not re-let : 100% forfeited; |
| | - | where hall re-let : 15% forfeited (Bond is 100% refundable in every case). |

Attendance Numbers: Maximum numbers, where catering takes place - **must not exceed 180**. All other events - 240.

Please Note: The premises must be vacated by no later than 12.30am; failure to comply will result in (part of) the bond being withheld. This regulation will be strictly enforced.

Bond of \$..... to be paid no later than

I/We hereby certify that I/we have received and read the rules and conditions applying to the hiring of Holroyd City Council Halls and Rooms and I/we agree to abide by and be bound by the rules and regulations and enclose the amount of \$..... to cover the charges.

Applicants Signature: **Date:**

This form, together with hiring fee, should be returned to Priceline Pharmacy, Greystanes Shopping Centre, Merrylands Rd, Greystanes 2145, within 14 days. **(9631 4832)**

OFFICE USE ONLY:

| | | |
|-----------------------|-------------------|-------------|
| Hire Amount: \$ | Receipt No: | Date: |
| Bond Amount \$ | Receipt No: | Date: |

TREASURER'S REPORT

Release Bond in favour of as the Community Centre was left in a satisfactory condition at the termination of the function held on

(Caretaker's Report to be attached) **Date Bond posted**