



LEISURE CULTURE & ARTS SERVICES
COMMUNITY RESOURCE CENTRE
FACILITIES HIRE

ORGANISATION OR ASSOCIATION
NAME
ADDRESS
TEL. NO.

ROOM REQUIRED
DATE REQUIRED
TIME REQUIRED
COST

I hereby apply to hire the above facilities. If my application is accepted, I agree to abide by the Conditions of Hire and to pay the Fees and Charges applicable.

SIGNED	DATE
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Please Return this form to relevant Community Resource Centre.

Tel:

Fax:

For official use only:

Date Booking Taken
Confirmation (yes/no)
Signed



Confirmation:

Date Booked	Time Booked
Deposit Paid	Total Due
Special Deposit Due (to be refunded after event)	
Signed	