

Leisure Centre Booking request

							the state of the s
Resident (& Bookin	g Person)						
Address							
Contact Phone and Email			1			11	
Date Required							
Requested Start Tir					*		
Requested Finish T (additional time allowed							
Number of Guests (
Number of Visitor V							
Function Profile (eg - Childs 4th Birthday)							
Do you require the Fridge or Stove turned on? Please circle.			Fridge - YES or NO Stove - YES or NO				
Any Special Activities Planned							
Other Requests or					1 7444 27		
					-		
I have received and read a copy of the LEISURE CEN FUNCTION CONDITIONS, and agree to the function deta and I will ensure that all guests also abide by the conditions, and understand that I will be liable for damage caused by any failure to observe these conditions					Sign	ed:	
					Date	e:	
			OFFICE	USE O	NLY		
			Refund				
BC Requested: If Requested Appr			oved	Refunded:		: 1	
non standard function					\$ and Date		\$
Notified Resident:					Amount Claimed & Reason:		\$
Deposit Paid: \$ and Date, Receipt #	\$		#		Refund No:		#

Signed: OSM

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