**Leisure Centre Booking Request**

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|  |  |  |
| --- | --- | --- |
| Resident (& Booking Person) |  | |
| Address |  | |
| Contact Phone and Email |  | |
| Date Required |  | |
| Requested Start Time: Time to begin set up |  | |
| Requested Finish Time: End of Function (additional time allowed for clean up) |  | |
| Number of Guests (max 50) |  | |
| Number of Visitor Vehicles (max 5) |  | |
| 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 Comments |  | |

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| --- | --- | --- |
| I have received and read a copy of the LEISURE CENTRE FUNCTION CONDITIONS, and agree to the function detailed and I will ensure that all guests also abide by these conditions, and understand that I will be liable for any damage caused by any failure to observe these conditions. |  | Signed: |
| Date: |

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| --- |
| OFFICE USE ONLY |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Booking | | | | |  | Refund | | |
| BC Requested: If non standard function | Requested | | Approved | |  | Refunded:  $ and Date | $ |  |
| Notified Resident: |  | | | | Amount Claimed & Reason: | $ | |
| Deposit Paid:  $ and Date, Receipt # | $ |  | | # | Refund No: | # | |
| Signed: OSM |  | | | | Signed: OSM |  | |