

# MACINTYRE SPORTS CENTRE – HIRING FORM

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

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

Contact Person: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Function Type: \_\_\_\_\_

Date Required: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm To: \_\_\_\_\_ am / pm

Date of Booking Confirmation: \_\_\_\_\_ Booked By: \_\_\_\_\_

Will the function require Food and / or Drink:

To be consumed in the Hall: YES NO

Is this a Licensed Function: YES NO

Is an Admittance Fee Charged: YES NO

Facilities Required: ( please circle the appropriate )

Amount Paid:

Hall: YES NO \_\_\_\_\_

Kitchen: YES NO \_\_\_\_\_

**Total Amount of Fees Payable: \$** \_\_\_\_\_

**Total Amount of Security Bond: \$** \_\_\_\_\_

**TOTAL PAYABLE: \$** \_\_\_\_\_

**Less Security Bond ( Previously Paid ): \$** \_\_\_\_\_

**BALANCE PAYABLE: \$** \_\_\_\_\_

Receipt No.: \_\_\_\_\_

## ***FEES ARE TO BE PAID IN FULL PRIOR TO USE OF FACILITIES:***

Special Requirements: The complex must be cleaned and rubbish removed after completion of Hire.  
\_\_\_\_\_

Agreement of Hire: I / We do hereby agree to hire any part of the Inglewood Shire Council MacIntyre Sports Centre together with the chattels, as supplied. I / We agree that I / We shall be bound by and shall observe, perform, and fulfil the terms and conditions relevant to such hire as may be determined from time to time by the Inglewood Shire Council.

Person Collecting Key/s: \_\_\_\_\_ Key/s No.: \_\_\_\_\_

Signature of Key Collector: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of Hirer: \_\_\_\_\_ Date: \_\_\_\_\_

### **OFFICE USE ONLY**

Checked By: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By : \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

# MACINTYRE SPORTS CENTRE – REFUND OF BOND FORM

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

Contact Person: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Function Type: \_\_\_\_\_

Date Held: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm To: \_\_\_\_\_ am / pm

The Function required Food and / or Drink:

Was consumed in the Hall: YES NO Was a Licensed Function: YES NO

Facilities Used: ( please circle the appropriate )

Amount Paid:

Hall: YES NO

\_\_\_\_\_

Kitchen: YES NO

\_\_\_\_\_

**ORIGINAL SECURITY DEPOSIT RECEIPT NO.:** \_\_\_\_\_

*Attach a copy of the receipt with this bond return*

**Security Bond Held: \$** \_\_\_\_\_

**Less any Breakages: \$** \_\_\_\_\_

**Less any Cleaning Charges: \$** \_\_\_\_\_

**REFUND OF SECURITY DEPOSIT DUE: \$** \_\_\_\_\_

**GENERAL COMMENTS:** \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## OFFICE USE ONLY

Checked By ( Name): \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By ( DCEO ): \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

