

TEXAS MEMORIAL HALL – 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:

Main Hall: YES NO _____

Kitchen: YES NO _____

Bar and Courtyard: YES NO _____

Sound Room YES NO _____

(Hirer must check with the Texas Arts Council re the Sound Room)

Receipt No.:

Total Amount of Fees Payable: \$ _____

Plus Security Bond: \$ _____

Less Security Bond Previously Paid: \$ _____

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

Special Requirements: _____

Agreement of Hire: I / We do hereby agree to hire any part of the Inglewood Shire Council Texas Memorial Hall 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: _____ Date: _____

Signature of Hirer: _____ Date: _____

OFFICE USE ONLY

Checked By (Name): _____ Initials: _____ Date: _____

Approved By (DCEO): _____ Initials: _____ Date: _____

TEXAS MEMORIAL HALL – 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:

Main Hall: YES NO _____

Kitchen: YES NO _____

Bar and Courtyard: YES NO _____

Sound Room YES NO _____

ORIGINAL SECURITY DEPOSIT RECEIPT NO.: _____

Security Bond Held: \$ _____

Less any Breakages: \$ _____

Less any Cleaning Charges: \$ _____

REFUND OF SECURITY DEPOSIT DUE: \$ _____

GENERAL COMMENTS: _____

OFFICE USE ONLY

Checked By (Name): _____ Initials: _____ Date: _____

Approved By (DCEO): _____ Initials: _____ Date: _____