



SHIRE OF DALWALLINU FACILITY BOOKING FORM

ALL THE FIELDS ARE TO COMPLETED & PAYMENT MADE FOR BOOKING TO BE SECURED

HIRER'S DETAILS:

Mr Mrs Miss Ms (Please circle)

First Name/ Org.: _____ Surname: _____

Contact Person : _____

Phone: _____ Email: _____

Postal Address: _____

Suburb: _____ Post Code: _____

VENUE REQUIREMENTS:

- | | | |
|--|---|--|
| <input type="checkbox"/> <u>DDC - COMMUNITY ROOM</u> | <input type="checkbox"/> <u>RECREATION CENTRE</u> | <input type="checkbox"/> <u>SHIRE HALLS & SUPPER ROOMS</u> |
| <input type="checkbox"/> Community Room w/no set up | <input type="checkbox"/> Full Complex | <input type="checkbox"/> Pithara Supper Room |
| <input type="checkbox"/> Community Room w/ set up | <input type="checkbox"/> Oval Room | <input type="checkbox"/> Buntine Hall |
| | <input type="checkbox"/> Meeting Room | <input type="checkbox"/> Wubin Hall |
| | <input type="checkbox"/> Basket Ball Courts | |
| | <input type="checkbox"/> Kitchen | |
| | <input type="checkbox"/> Oval | |

(At least 1 Week prior notice required)

Event Title _____

Date: From: _____ To: _____

Start Time: _____ Finish Time: _____

Signature: _____ Date: _____

Special Comments: _____

OFFICE USE ONLY

Hire Fee: _____ Paid Date: _____

Payment Method: _____

Card

Cash

Purchase Order

Purchase Order No: _____

Invoice

Receipt Number: _____

Key Numbers Issued _____