



Rental Application Form

Name of Group/Person: _____

Person Responsible: _____

Address: _____

Phone/Contact: _____

Type of Activity: _____

Equipment/Requirements? _____

Approx. No. in Group: _____ Hourly Rate \$ _____

Rental Classification: Community Group Private Business

Term	Day & Date	Time	Invoice No.	Room
Term 1 <i>Jan - Mar</i>				
Term 2 <i>Apr - Jun</i>				
Term 3 <i>Jul - Sep</i>				
Term 4 <i>Oct - Dec</i>				

Own Insurance: Yes No

Keys - Key Deposit \$10.00 *Please note - no extra keys may be cut. Keys must be returned to the Family Centre on the due date stated. Failure to do so will incur an extra cost of \$5.00*

Front Door	
Window	
Meeting Room	
Storeroom	
Shed	
Gate Key	
Other	
CODE	

Bond Total \$ _____

Key Bond \$ _____

Hire Cost \$ _____

Equipment Hire \$ _____

Total \$ _____

Receipt No. _____

Refund Receipt No. _____

Date Returned _____

I have read the Rules and Conditions of Hire of the Armadale Community Family Centre and agree to abide by them.

Please note as per the above mentioned Rules and Conditions alcohol must not be consumed on the premises without written approval from the Management Committee.

Signature: _____ Date: _____