

**THORNLEIGH HILLCREST CONGREGATION**  
THE UNITING CHURCH IN AUSTRALIA

**CHURCH AND COMMUNITY COMPLEX  
BOOKING FORM**

Thank you for your enquiry regarding the use of our facilities. Details of conditions and charges are set out in the accompanying brochure.

If you wish to proceed to hire you should do so as soon as possible, but certainly within seven (7) days.

We cannot confirm your booking until:

- hire fee (including GST) is received;
- bond is paid;
- insurance cover is paid or Certificate of Currency for your Public Liability Insurance is sighted;
- facility Hire Agreement Form is signed.

**PLEASE COMPLETE**

Name of organisation: \_\_\_\_\_

Contact person or organiser: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date(s) of function or usage \_\_\_\_\_

Start and finish time(s): \_\_\_\_\_

Areas of facility required: (1) \_\_\_\_\_

(2) \_\_\_\_\_ (3) \_\_\_\_\_

Additional equipment required, eg. tables, screen, OHP, sound system:

(1) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_ (4) \_\_\_\_\_

Will you require underground parking?  Yes  No

Please briefly indicate the purpose of the hire of our facility: \_\_\_\_\_

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

Anticipated number attending \_\_\_\_\_

**PLEASE NOTE**

- **The cost of any damages or losses will be deducted from your bond.**
- **You must leave the facility in a clean and tidy state.**
- **You must only use the facility or areas indicated for your stated purpose.**

Your signature below indicates you understand and agree to Conditions of Hire of Facility.

Signature \_\_\_\_\_

Date \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
Booking Allocation Number	
Confirmation of Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Purchase of Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount of Bond Paid	\$
Amount of Bond Refunded	\$
If Bond Refunded differs from Bond Paid, please indicate reasons for difference	
Conditions of Hire of Facility signed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Information/ Comments	
Access Co-ordinator Notified	<input type="checkbox"/> Yes <input type="checkbox"/> No
Times Confirmed	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please return this form and accompanying documentation to:

Booking Officer  
 PO Box 224  
 Thornleigh 2120  
 NSW