



North Richmond Community Centre

33 William St (PO Box 34)
North Richmond NSW 2754

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www.northrichmond.org.au

ABN: 219 866 87704

BOOKING FORM - FUNCTIONS & CASUAL HIRE

Date of Function _____ Hall Hired _____ Type of Function _____

Function start/finish _____ No attending _____ Date booking made _____

Setting up will commence (time and day) _____ Sign if no alcohol event _____

Name of Hirer _____

Address _____

Contact Details Email _____ Phone No _____

ID - Drivers Licence number _____ Expiry _____

Key pick up 9.30am – 12 noon Thursday _____ Key return 8.30am Sunday _____

Key Number issued: _____ Key returned (date) _____

I acknowledge receipt of the REGULATIONS for North Richmond Community Centre and agree to the terms and conditions. I am aware that persons hiring a hall for an 18th or 21st birthday or for an Engagement or Wedding need to have their own adequate PUBLIC LIABILITY INSURANCE and that a certificate of currency will be requested.

A key and security code must be collected during office hours in the week before the function – please note: our office is not open Wednesday or Friday

Statement above has been read and is understood: Signed _____ Date _____

Insurer & expiry date _____ Certificate of Currency - copy attached

FEES To be paid in full four weeks prior to function

Rate of Hire (GST incl.) \$ _____

Extras i.e. Fri set up \$ _____

Function Bond (No GST) \$ 250.00 or 500.00

PAYMENTS RECEIVED

Deposit \$ _____ Receipt _____

Balance \$ _____ Receipt _____

TOTAL DUE \$ _____

PAID \$ _____

BOND Should a cheque for the bond refund be made out as recorded above? Yes No Cash refund

If no, please give name and address for cheque or account details for direct deposit _____

Amount of Bond refunded \$ _____ Chq No. _____ Date Posted _____

Or Cash amount collected \$ _____ Signature: _____ Date Collected _____

Payments can be made to BSB 633 000 Account Number 122264229 - supply surname & function date for reference