

**DES MOFFATT**

**WESTERN COMMUNITY CENTRE**

**MONTHLY/ QUARTERLY/ ANNUALLY**

|  |  |
| --- | --- |
| Dates/Days of Hire |  |
| Times Required.(Please include the time you need to set up and close away) | **(please note you are allowed 15 mins before and after group with no charge but if any more required, you will be charged)** |
| Group Name |  |
| Contact No: |  |
| Email: |  |

**Rooms Required**: (please tick)

 Large Hall Small Hall Lounge

**…………………………………………………………………………………………….…...........................................**

**DECLARATION:**

By signing this application, I agree to comply with the Terms and Conditions of Hire and the Fire Safety procedures. I understand and agree that hall hire costs are charged in addition to the refundable cash deposit and that the deposit is not counted as part payment towards the event.

**PLEASE ALSO NOTE YOU ARE RESPONSIBLE AS A KEY HOLDER TO ENSURE THE BUILDING IS LOCKED AND SECURED.**

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE NOTE THAT HIRE INVOICES ARE GENERATED AT THE END OF THE MONTH AND IF THE PAYMENT FOR THIS INVOICE IS NOT RECEIVED WITHIN 7 DAYS YOUR FUTURE SESSIONS WILL BE CANCELLED.**

**…………………………………………………………………………………………….…...........................................**

**ADDITIONAL COMMENTS:**