CLUB LAWSON
FUNCTION ROOM HIRE APPLICATION

Booking Staff Name:		Application Date:	
Applicant's Name:		Applicants Email:	
App's Home Address:		Post Code:	Phone:
Function Date & Day:		Event Type:	
Function Times:	Begin: End:	*Please include set up time required for begin time.*	
Number Attending:	No. of Under 21's:	Is Security Required?:	YES / NO
Use of Microphone:	YES / NO	Use of Projector and Screen:	YES / NO
Other Details:		Bank Details (for deposit refund):	
		BSB:	
		Account No:	
		Name on Account:	

Hirer's Undertaking and Signature:

I have read and understand my obligations, as the hirer of Club Lawson's Function Room, as laid out in the attached form, "Function Room Hire Fees and Conditions", and the information stated above. I agree to all fees and charges relating to my hire and I agree to leave the premises in a clean and undamaged state prior to vacating the premises at the time of hire.
I further declare, that the information provided is true and correct. I also understand that any willful dishonesty may render the refusal of this application.

_____ _____

Printed Name of Principal Hirer Signature of Principal Hirer

Date: _____/____/____.

PLEASE NOTE: THIS APPLICATION FOR THE USE OF CLUB LAWSON'S FUNCTION ROOM, IS SUBJECT TO THE THE SIGNED CONFIRMATION OF THE APPROPRIATE BOARD MEMBER, BELOW.

This application for the use of the Club Lawson's Function Room, under the provisions and conditions noted above and on the attached sheet , "Function Room Hire Fees and Conditions, has been accepted and granted on, _____/_____/_____ , by;

_____ _____

Director, Please Print Name Director's Signature

Office Use Only:		**Deposit Return Eligibility:**	
FEES		Deposit Paid Date:	_____
Deposit	$ -	Letter of Confirmation Date:	_____
Function Room	$	Full Payment Date:	_____
Late Closing Fee	$	Full Amount Paid:	_____
Security	$		
GST	$	Deposit $ & Refund Date:	_____
TOTAL FEES	$	Direct Cr. or Chq No.	_____
		Admin Signature & Date:	_____
Full Payment Required by: ____/____/____			