



3760 The Bucketts Way
Krambach NSW 2429

ABN: 55 067 280 675

W: Krambach.org
E: Secretary@Krambach.org

HALL HIRE BOOKING APPLICATION FORM

I/We _____																					
On behalf of _____ (Organisation) if applicable																					
Postal Address _____	Postcode _____																				
Contact Person _____																					
Phone Number(s) Home _____	Work/Mobile _____																				
Email _____	ADDITIONAL FACILITIES <i>(if available)</i> <table border="0" style="width: 100%;"> <tr> <td>Supper Room</td> <td>☐</td> <td>Chairs</td> <td>☐</td> </tr> <tr> <td>Kitchen</td> <td>☐</td> <td>Foyer</td> <td>☐</td> </tr> <tr> <td>Cutlery</td> <td>☐</td> <td>Heaters</td> <td>☐</td> </tr> <tr> <td>Stage</td> <td>☐</td> <td>Other</td> <td>☐</td> </tr> <tr> <td>Tables</td> <td>☐</td> <td></td> <td>☐</td> </tr> </table>	Supper Room	☐	Chairs	☐	Kitchen	☐	Foyer	☐	Cutlery	☐	Heaters	☐	Stage	☐	Other	☐	Tables	☐		☐
Supper Room		☐	Chairs	☐																	
Kitchen		☐	Foyer	☐																	
Cutlery		☐	Heaters	☐																	
Stage		☐	Other	☐																	
Tables		☐		☐																	
Hall Being Hired _____																					
Type of Function _____																					
Day _____ Date ____ / ____ / ____																					
Start Time _____ Finish Time _____																					

ADDITIONAL INFORMATION REQUIRED

Adults Attending (Max. Number) _____ Children Attending (Max. Number) _____

Will Alcohol be Consumed at the Function? <i>(please circle)</i>	YES	NO
Will Alcohol be Available for Sale during the Function? <i>(please circle)</i> If YES, a copy of the appropriate liquor licence must be attached to this application	YES	NO
Will you bring additional Equipment into the Facility? <i>(please circle)</i> (e.g. live music/jukebox, jumping castle etc) If YES, please provide details below:	YES	NO

I have read and understood the Hall Hire Terms & Conditions in their entirety and acknowledge that all the information provided is true and accurate. Where I am acting on behalf of an organisation, I confirm that I have authority to sign this Agreement on behalf of the organisation. I understand that I must be present at all times during the function to supervise and will be held accountable for any and all damages which are in excess of the hiring bond.

Signed _____	Print Name _____
Driver's License Number _____	Date ____ / ____ / ____

OFFICE USE ONLY			BOND (Incl. GST) <i>(refundable see terms & conditions)</i>		
Hall Checked / / Refund Granted / / Bond Retained / / \$	Key Returned / / Refund Processed / / \$				
RECEIPT DETAILS: DATE: / / AMOUNT PAID: \$ _____ SIGNED: _____ RECEIPT No. _____ AMOUNT REMAINING \$ _____ PRINT NAME: _____ PAID BY <i>(please circle)</i> CASH DIRECT DEPOSIT CHEQUE NO. _____ DIRECT DEPOSIT DETAILS _____					
Number attending does not exceed max. number permitted for facility ☐					
All tables & chairs are clean, neatly stacked, put away & accounted for All floors swept & undamaged ☐					
All tiled floors mopped ☐					
All crockery & cutlery is clean and accounted for <i>(as applicable)</i> ☐					
Kitchen benches, tables & sinks wiped over ☐					
Oven, refrigerator & microwave cleaned <i>(as applicable)</i> ☐					
Amenities area cleaned including hand basins & mirrors ☐					
All decorations and fastenings removed (incl bluetac, ribbons etc) ☐					
Any broken glass picked up ☐					
All rubbish removed from the buildings & bins left clean ☐					
All external grounds/gardens are free from rubbish ☐					
All lights, air conditioners & fans are turned off ☐					
All windows securely closed ☐					
All external doors are securely locked ☐					
All goods, materials and property brought into the facility for the booking are removed All damage to the hall is reported to Council/Committee <i>(as applicable)</i> ☐					
All Keys returned ☐					
All Emergency Equipment not tampered with ☐					
BOND REFUND APPROVED <i>(please circle)</i> YES NO BOND REFUND AMOUNT \$					
COMMENTS <i>(incl. breakages, additional cleaning required & time taken)</i>					