

Pt Chevalier Community Centre Inc.
Te Whare Tāpere Manatōpu Ō Point Chevalier

ONE-OFF/CASUAL HIRERS AGREEMENT

Hirer's Name: (or Group Contact Person)

Correspondence Address:

Phone: Mobile: Fax:

Email:

Room/s Booked:

Date/s: Time:

Additional Notes:

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I, the undersigned have read and understood the "Conditions of Hire for the Pt Chevalier Community Centre Inc." AND agree to abide by all of them.

.....
Hirers Signature

.....
Date

.....
Signed on behalf of Pt Chevalier Community Centre Inc.

.....
Date

The key, alarm code & instructions, where applicable, will be issued once full booking payment is received. Please note the key and alarm code issued to each person is confidential and is to the responsibility of the contact person listed on this agreement.

Office use:

Total Hire Charge:\$ _____ Date Paid: _____ Receipt No: _____

Bond Amount: \$100 Date Paid: _____ Receipt No: _____

Key Issued?: Yes / No Key # Issued: _____ Date Issued: _____

Alarm Code Issued: _____ Security Password Given: _____

Bond Refunded in Full Yes/No Date Refunded _____ Chq # _____ Amount \$ _____

If not, reason: _____

Key Returned Yes/No Date key returned _____