C	Con R	nmunity esource Centre
Your		onnection
Regional	ovelopreert and Lande	PER MULLIN

2 Paterson Street MUNDIJONG Ph: 95255917 Email serpentinejarrahdale@crc.net.au

FACILITY BOOKING FORM

Organisation/Group name:			
NFP Incorporation Sighted	Γ	Yes No	
_			
Address:			
Suburb/town:	Postcode:		
Phone:	Mobile:	Fax:	
Email:	P/O No		
AVAILABLE FACILITI	ES: please indicate which fa	cility and which areas you	
wish to use for your activi	-		
□ Function Room □	Acacia Training Room	Common Area/Kitchen	
Board Room Banksia Training Room			
Booking times:	Date required		
Times must be block-booked of	and run on from each other, for	example;	
<i>Set Up time – 2.00pm -4.00pm</i>	<i>Function time</i> -4.00	pm – 8.00pm	
	START TIME	FINISH TIME	
Set up :	am/pm	am/pm	
Function/Event time:	am/pm	am/pm	
Clean Up:	am/pm	am/pm	
Setup and pack away quotation: Yes No Clean up Quotation: Yes No			
Catering Quote Required: Yes No			
Please tick type of catering required:			
Tea/Coffee Only	Morning Tea 🛛 Light Lun	ich 🗌 Afternoon Tea	
Nature of Activities:			
Anticipated people in attendance:			
Other information/requirements:			

Terms and conditions:

I of the above mentioned organisation/group have read and accept the terms and conditions outlined with this form. Signature:.....