

NEW ITALY COMMUNITY HALL BOOKING REQUEST

THE HIRER

Name		Office Use Only Proof of identity sighted:	
Address		Yes/No Identity Document:	
Contact phone number			
Email			
Status	OT-FOR-PROFIT GROUP		
	☐ NEW ITALY RESIDENT		
	OTHER		
(1	tick)		
Date required			
From (time)			
To (time)			
TOTAL HOURS (incl. set up, pack up, clean up)			
Type of Function			
	PAYMENT ARRANGEMI	ENTS	
☐ CASH	Date payment to be made:		
☐ CHEQUE I, the above mentioned HIRER, agree that I have read the Conditions for the Hire of New Italy Community Hal			
☐ BANK TRANSFER		rmation supplied in this application is correct	
(tick)	to the best of my knowledge.		
Account name: The New Italy Museum Inc BSB 032 539	Print Name:		
Account no: 691 710	Signed:	Signed:	
	Date:		