Wey	mouth Ova	l, 442B Main I	Road, Coron	nity Cen nandel Valley S/ TON Minimum	A 5051	С,
Name:						
Date of Use:						
Time of Use:	From	То				
RATE Hours before 6 pm Hours after 6 pm Total	@ @	\$28 \$36			\$	GST
OPTIONAL Use Piano - \$20 BBQ - \$15 Blind - \$15 AV System - \$30					\$	GST FREE
Total Optional Fee:- RISK MANAGEMENT	FEE	\$15			\$ 15	GST
<u>BOND</u> \$350 Key deposit - \$10 Piano Bond -\$100 AV System Bond - \$10 Total Bond Owing	00				\$	ΝΟ ΤΑΧ
SECURITY GUARDS		Date:			\$	GST
TOTAL Fee INCLUDING BOND				A	\$	
LESS BOND DEPOSIT Bond Deposit Rec No: Date: Amount - MINIMUM \$100 Taken by				В	Amount \$	ΝΟ ΤΑΧ
BALANCE OWING	MYOB	DEP REC & E	SY WHOM			
Paid in Full//2020 Receipt Number: Pay				A-B		
<u>MYOB DEPOSIT R</u> Late additional pay	EC & BY V	VHOM:				
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Coromandel Community Centre Inc.

Connect, Contribute, Celebrate

Weymouth Oval, 442B Main Road, Coromandel Valley SA 5051 Phone: (08) 8370 6880 Email: info@coroalive.org.au www.coroalive.org.au ABN: 74 331 433 252

Application for Private Function

I/We						
of						
Telephone No: Email address:						
Reason for function: Numbers attending (as per regulations):						
Liquor will/will not be consumed during the above function.						
Hereby apply to use the Coromandel Community Centre						
Fromam /pm toam /pm on (day) (date)						
A deposit of \$100 is lodged with this application form (this non-refundable minimum deposit is required within 14 days). Deposit due date:						
The remainder of the Fee and Bond must be paid a minimum of 4 weeks prior to booking date. Balance due date:						
Hire orientation and key pick up is between 9:30am and 10:00am on Friday						
A COVID-Safe Plan must be submitted by all casual hirers. The Safe Plan must be submitted to the Coromandel Community Centre four weeks prior to booking date. Plan due date:						
Conditions of Use document must be read, signed and returned by all casual hirers. Due date:						
How did you hear about the Centre?						
Applicant Signature (must be 18 years or over) Date: Date:						
Bond return will be via EFT within 2 weeks of hire.						
Account Name: BSB: Account No.:						
OFFICE USE ONLY						
Card/Key Number Blinds Winder & Clips:						
BBQ Key No: Code Issued						
COVID-Safe Plan Received: Emailed to Council:						
Premises OK: Yes/NO BBQ & Gas OK: Yes/No AV System: Yes/OK						
Card/Keys Returned: Yes/No Initials:						
Bond and Key Refund \$ EFT \dagger or Cheque No Date						
Signed: Dated:						
Comments:						
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