



Irwin Rec Centre

IRWIN REC CENTRE FACILITY BOOKING FORM

NAME: _____

ORGANISATION: _____

CONTACT DETAILS: _____

INVOICE DETAILS:

Name: _____

Postal Address: _____

Phone Number: _____

DETAILS OF HIRE:

Facilities Required:	Function Room	Ocean Room
	Commercial Kitchen	Dance Floor (please circle)
	Bar	

Nature of Function: _____

Date of Function: _____

Time of Function: _____

Caterer: _____

Number Attending: _____

Tables: _____ Chairs: _____

Room Setup Style: Theatre Boardroom Cabaret Classroom

Projector: Y / N Screen: Y / N Whiteboard: Y / N

Urn: Y / N Crockery: Y / N (please complete kitchen checklist)

PAYMENT:

Bond \$ _____

Hire Charge (per hr/days) \$ _____ x _____ hrs/days

Hire Charge Total \$ _____

TOTAL CHARGE \$ _____

HIRER TO SIGN:

Signed _____ Dated _____