



VENUE HIRE BOOKING FORM

HIRER CONTACT DETAILS:

FIRST NAME: _____

LAST NAME: _____

PHONE NUMBER: _____

EMAIL: _____

HOME ADDRESS: _____

FUNCTION INFORMATION: We strictly do not hire for 16th to 21st birthday celebrations.

TYPE OF FUNCTION? _____

ie: Birthday, Conference, Sacrament, Wake?

DATE: Date/Month/Year

TIME:

NUMBER OF GUESTS: MUST comply with Covid-19 Safety Plan regulations.

DO YOU HAVE A COVID-19 SAFETY PLAN: Yes No (You can apply for the Parish Covid-19 Safety Plan)

VENUE FOR HIRE: [THE LIGHTHOUSE HALL](#)

[THE ANCHOR ROOM](#)

[THE MCKENNA CENTRE](#)

[ST. CATHERINE'S SWEENEY CENTRE](#)

ADDITIONAL INFORMATION: _____

Notes: Please ensure that this form is completed and returned prior to the function date.
Fees quoted are non-negotiable. An email will be sent to you confirming your booking and fee.
The deposit and hire costs are to be paid in full before booking is confirmed.

PAYMENT OPTIONS

- CHEQUES made to: HOLY TRINITY PARISH CHURCH ACCOUNT
- DIRECT DEBIT

BSB: 083 347 ACC NUMBER: 137245930 ACC NAME: HOLY TRINITY PARISH CHURCH ACCOUNT

Reference: 'SURNAME & HALL HIRE DATE'



HIRING FEE PAYMENT DETAILS:

DEPOSIT PAYMENT DETAILS:

DEPOSIT PAYMENT MADE BY: _____
FULL NAME

DATE RECEIVED: Date/Month/Year

DEPOSIT RECEIPT NO.:

DEPOSIT RECEIPT DATE: Date/Month/Year

BOND PAYMENT DETAILS:

BOND PAYMENT MADE BY: : _____
FULL NAME

DATE RECEIVED: Date/Month/Year

BOND RECEIPT NO.:

BOND RECEIPT DATE: Date/Month/Year

HIRING FEE PAYMENT DETAILS:

HIRING FEE PAYMENT MADE BY: : _____
FULL NAME

DATE RECEIVED: Date/Month/Year

HIRING FEE RECEIPT NO.:

HIRING FEE RECEIPT DATE: Date/Month/Year

DECLARATION

I have read the [Terms and Conditions for Use](#) and undertake all of the responsibilities therein. I hereby certify that the above information is correct. I agree that false information provided will forfeit the venue hire and the deposit will be non-refundable.

Signed: _____

Date: _____