

Bellambi Neighbourhood Centre

# Application Form for Regular Users

This application is to be read in conjunction with the Conditions of Use

Office Hours Monday to Friday 9am to 3pm  
Phone 02 4285 3055

The contact information provided on the Application Form will be the only address utilised for all correspondence including invoices unless specified.

Organisation:

Name:

Address:

Phone:

Mobile:

Fax:

Email:

Category

Non Profit - Proof must be provided

Other

Alcohol – High Risk Conditions Apply

Current Liability Insurance Attached Yes / No

Type of Activity:

Number Attending: \_\_\_\_\_

Commencement Date of Activity	Last Date	Room	Arrive	Depart	Total Hours	Recurring Booking Details/Additional Information
Example 01/02/09	22/12/09	Activity Room 4	8.00am	10.00am	2	Every Monday except Public Holidays or School Holidays (LIST DATES)

**Equipment Requirements and Instructions:**

I have read the Conditions of Use and (if applicable) License Agreement and I/the organisation agree to abide and be bound by these conditions/agreement.

Signature:

Name:

Date:

Office Use Only

- Invoice Raised
- Requirements entered in day book
- Hours of Use Recorded