



Customer Number: _____

New Booking

Renewal

HIRE REQUEST FORM

Name of hirer or organisation: _____

Address: _____

Postcode: _____

Contact Person: _____

Mobile: _____ Alternate Phone: _____

Email: _____

FAIRFIELD LEISURE CENTRE (Prices valid 1 July 2016 to 30 June 2017)

- | | | |
|---|--|--|
| <input type="checkbox"/> TENNIS HALL (\$45 per hour) | <input type="checkbox"/> COTTAGE (\$45 per hour) | <input type="checkbox"/> SQUASH (\$17 per hour) |
| SPORTS HALL <input type="checkbox"/> ¼ (\$28 per 55 mins) | <input type="checkbox"/> ½ (\$55 per 55 mins) | <input type="checkbox"/> FULL COURT (\$85 per 55 mins) |
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Futsal | |

FAIRFIELD YOUTH & COMMUNITY CENTRE (Prices valid 1 July 2016 to 30 June 2017)

- | | | | |
|---|---|---|--|
| COURT HIRE <input type="checkbox"/> ¼ (\$28 per 55 mins) | <input type="checkbox"/> ½ (\$55 per 55 mins) | <input type="checkbox"/> ONE (\$85 per 55 mins) | <input type="checkbox"/> TWO (\$165 per 55 mins) |
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Futsal |
| <input type="checkbox"/> Meeting / Function Room(s) (Up to 35 people per room) - Approximate number of people | | | <input type="text"/> |

Day of week: _____ Requested dates: From ___/___/___ to ___/___/___

Requested time: _____ am/pm to _____ am/pm Preferred Court Number: _____

NOTE THIS IS ONLY A REQUEST FORM - NOT A CONFIRMATION
Your request will be confirmed within five (5) business days

Prior to signing this form, I acknowledge that if my request is confirmed, that I have read and understood and agree to abide by the Fairfield City Leisure Centres Terms and Conditions of Entry and the TERMS AND CONDITIONS OF HIRE on the reverse of this form

Applicant Signature: _____ Date: _____

Staff Name & initials: _____

- | | |
|--|--|
| Date Received: ___/___/___ | Staff: _____ |
| <input type="checkbox"/> Booking form sent | <input type="checkbox"/> Public Liability Insurance received |
| <input type="checkbox"/> Booking form returned | <input type="checkbox"/> Confirmation Sent |