APPLICATION FOR HIRE OF TE KURA O TE WHAKAREWAREWA FACILITIES

Hirer's Name and Organisation:	
Postal Address:	
Phone Numbe	ers:Cellphone
Email:	
Hire Charges	(tick appropriate boxes below)
Bond	□ \$200 without kitchen
	□ \$250 with kitchen
Hall	□ \$250 per night
	□ \$85 laundry
	□ \$50 per day for kitchen
	□ \$100 per half day
	□ \$200 per full day
Staff Room	□ \$50 per half day to 1pm
	□ \$100 per full day
Hatu Patu	□ \$50 half day to 1pm
	□ \$100 full day
Booking Dates: FromTo	
Day / Hours Re	equired:
KEY NUMBER	ISSUED:
Total amount o	wing
☐ Tick when P	AID Receipt issued on payment – receipt number
	as the authorised person have read, understood and with the terms and conditions as outlined by the Board of Trustees.
Signed	(Board of Trustees)
Date	Signed (Hirer)

BOND REFUND RETURNED: Cheque Number