HCCA Centre Booking Form

Applicant

Name

Address

Phone Number

Email

Strata Plan Number

☐ Resident ☐ Not For Profit ☐ Strata Committee ☐ Commercial Applicant

Function Details

Date Requested

Start Time

Number Of Guests

End Time

Activities That Will Take Place

Additional Information For External Booking Application Only

Hirer Details

Purpose For Hire

Public Liability Insurance Details

Agreement

☐ I have read and understood the conditions of hire. I agree to indemnify HCCA for any loss, damage, or injury caused during this booking.

Signature

Date

Strata Representative/Committee Member Name

Signature

Date

Once completed please return this form to service@morethanstrata.com.au