



Lismore Neighbourhood Centre Inc.

ABN 76 023 582 425

76 Carrington Street or PO Box 525, Lismore NSW 2480
Phone: (02) 6621 7397 Fax: (02) 6622 0235 Email: info@lnci.org.au

APPLICATION FOR USE OF LNC ROOM

(Please print all details of this form)

Name of Organisation:.....

Applicant's Name:.....

Applicant's Address:.....

Contact Phone Number: Fax:

I hereby make application for hire of: Room on
(including day of week):
(please give details if the booking is for more than one occasion):

.....
Times: From to

For the following use/activity:

Number expected to attend activity (approx):

How many chairs do you require?

Do you hold Public Liability Insurance? Yes / No (please Fax copy)

Policy No:..... Date of Expiry:

Any other requirements?.....

I undertake to be responsible for the payment of the rental fixed by the Lismore Neighbourhood Centre and for payment of any other charges arising out of my engagement, in accordance with the Rules and Conditions applying to engagement of the Lismore Neighbourhood Centre. A copy of the Rules and Conditions has been supplied to me, which I agree shall apply to and form the basis of my application.

Date:.....Signature:.....

CONFIRMATION OF THIS APPLICATION WILL BE MADE BY RETURN OF THIS SIGNED DOCUMENT. NOTICE OF CANCELLATION MUST BE GIVEN TWO WEEKS PRIOR TO MEETING DATE OR FULL ROOM BOOKING FEES WILL BE PAYABLE.

APPROVED BY:

SIGNED:

DATE: