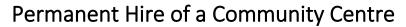
APPLICATION FORM

N.B.:





A minimum of two full working days applies when requesting and/or cancelling a booking.

Existing bookings will be cancelled immediately and no additional bookings accepted where the account

balance	e is in arrea	rs.			
Business Name:				ABN: (if applie	cable)
Contact:					
Address:			Suburb:		Postcode:
Home Phone:		Work Ph	one:	Mobile:	
Email:					
Invoicing Contact	t: <i>If differer</i>	nt to the above			
Name:				Phone:	
Address:					
Public Enquiries:	tick if you	do NOT want your c	contact details relea	sed to the public ()
Certificate of Cur (Copy of Policy to	•	•	Expiry Date:		
Booking Detai	i ls (excludi	ing School and Publ	ic Holidays if applice	able)	
Community Centre		Room	Day	Time	Purpose
				to	
Month			Individual Dates		Booking No.
January			Thaiviadal Bates		Booking No.
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
indemnifies and kee Council, its servants,	er as the Per ps released a agents or em	mit Holder) holds Nort nd indemnified, from a ployees may be held lia	nd against all actions, so ble in respect of any loss	uits, claims, demands, cos s, damage, accident or inju	Council) harmless, and releases and ts, charges, and expenses for which and of whatsoever nature or kind and
therewith pursuant	to this permi		bility arising from any	·	oublic area and any work connected omission, on the part of Council, it:

COMMUNITY FACILITIES DIRECTORY

Signed:

Ph: 9936 8200 Email: Bookings@northsydney.nsw.gov.au 01/07/2024

Date: