

CASUAL HALL BOOKING - APPLICATION FORM

Booking Request received from: _____

Address: _____

Contact person: _____

Phone: _____ Mobile: _____

Email: _____

Event type:

Event details: (please describe your event including the expected number of performers and/or guests).

Date/s required: _____

Time/s required: _____

Hall/s required (please tick): Hall 1 Hall 2 Hall 3 Entire Complex

Specific requirements (if any):

Key collection time: Date: _____ Time: _____ am/pm

Key return time: Date: _____ Time: _____ am/pm

I have read and agreed to the Terms and Condition of Hire:

Applicants Signature: _____ Date: _____

NOTE: Booking will be secured on payment of \$100 bond to the following Heritage Bank Account:

A/c Name: Toowoomba Choral Society Inc.

BSB: 638 060

A/c No. 668 8136

Please complete and return this Form to Toowoomba Choral Society via Email or Post to:

Email: Sing@tcschoral.com.au
Postal Address: Toowoomba Choral Society,
16-18 Raff St,
Toowoomba QLD 4350.