



DRYSDALE FOOTBALL CLUB FACILITY BOOKING FORM

Please return this form to The Secretary Drysdale Football Club PO Box 12 Drysdale 3222 or email to jjb1989@hotmail.com>

CONTACT FOR FUNCTION

NAME: _____

ADDRESS: _____

TELEPHONE: Land Line: _____ **Mobile Number:** _____

FUNCTION: _____

DATE/DATES REQUIRED: _____

START: _____ **APPROX FINISH:** _____

REGULAR BOOKING IF SO HOW OFTEN: _____

DFC BAR REQUIRED: YES NO

SIGNATURE _____ **DATE** _____
(Hirer)

SIGNATURE _____ **DATE** _____
(Drysedale Football Club Commitee)

Office Use Only

RENTAL FEE: \$ _____
BAR TAB: \$ _____
CLEANING BOND \$ _____

DATE PAID: _____
DATE PAID: _____
DATE PAID: _____

Please turn over for conditions of hire

OFFICE USE ONLY: DATE BOOKING RECORDED IN DIARY _____
DATE INVOICE SENT IF REQUIRED _____

