



CAMDEN COMMUNITY CENTRE INC  
 7 Carlisle Street, Camden Park SA 5038  
 Phone: 8376 0022 Fax: 8376 0085  
 Email admin@camden.org.au  
 Website; www.camden.org.au  
 ABN 81 388 249 632

0111ce Use:  
 Received copy of Public Liability \_\_\_\_\_  
 Signed Conditions of Hire: \_\_\_\_\_  
 Dates approved/available: \_\_\_\_\_  
 Deposit Paid: \_\_\_\_\_

**Hall and Room Hire Contract**  
**Effective from the 1st July 2008**

*This Contract is between \_\_\_\_\_  
 and the Camden Community Centre Incorporated and is effective on the 1st July 2008.*

Date/days/times Requested \_\_\_\_\_

Key Collection Time/Date: \_\_\_\_\_

Reason for use of the facility: \_\_\_\_\_

Number of people attending: \_\_\_\_\_

Special Requirements: \_\_\_\_\_

Facility Requested     Hall     Potter Room     Reed Room

User Group             Regular             Casual once off event

**Name of Hirer:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone:            Home: \_\_\_\_\_            Mobile: \_\_\_\_\_

**Second Contact:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone:            Home: \_\_\_\_\_            Mobile: \_\_\_\_\_

Will alcohol be served?    Yes/No    (If yes - Hirer accepts responsibility for  
 License requirements)

Hire Fee: \_\_\_\_\_ includes GST            Invoice: Yes/No

**Deposit:** A deposit of \$50.00 must be paid at the time of making your booking with  
 the balance to be paid 7 days prior to your booking date. If a booking is cancelled  
 within 7 days of the booking date, the deposit will be forfeited.

*I have read and understood the Conditions of Hire and agree to abide by them.*

Signature of Hirer: \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_