VENUE & EQUIPMENT BOOKING FORM



Details of Hirer:							WAIKAKAI	
Organisation\Name Client Group: (Tick one)	School/EC		mmunity		Commercial/Tertiary		Youth Group	
Contact Name: Billing Address:								
Purchase Order No Telephone Numbe Email Address:	o.:(if any) r/s:			.Mobile C				
Venue required:	Rangi	Rangitumau Room			Pukeatua Room Ac		orangi Room	
(Tick one)	MTLT	Education	on Centre	The S	Spot Back	Cas	stlepoint Ed Centre	
Date/s Require	ed Start T	Start Time		ime	Equipment		Consumables	
					Specify Below		Specify Below	
					Specify Below		Specify Below	
					Specify Below		Specify Below	
Equipment Required: Data բ			ctor	Inte	rnet connection		Laptop	
Consumables Tea		ea / Coff	fee	mber of people)		
Equipment/Spec	cial instruction	s or req	uests:					
I/We confirm that I/We accept that			•			e.	Yes Yes	
Signed: NB: Adding your	name indicates you			.Dated				
For REAP office use					1			
Booking Taken By	Calendar Updated	Invoiced	No Charge Au	uthorisation				