RATO AKORANGA Ā ROHE

REAP

WAIRARAPA

VENUE & EQUIPMENT BOOKING FORM

Details of Hirer:

Organisation\Name:……..……

Client Group:
(Tick one) ☐ School/EC ☐ Community ☐ Commercial/Tertiary ☐ Youth Group

Contact Name:……..……

Billing Address:……..……..……..

……..……

Purchase Order No.:(if any) ……

Telephone Number/s:……Mobile Contact ..……...……..

Email Address:……..……..

Venue required: ☐ **Rangitumau Room** ☐ **Pukeatua Room** ☐ **Aorangi Room**

(Tick one) ☐ **MTLT Education Centre** ☐ **The Spot Back**

Date/s Required	Start Time	Finish Time	Equipment	Consumables
			--- ▼ Specify Below	--- ▼ Specify Below
			--- ▼ Specify Below	--- ▼ Specify Below
			--- ▼ Specify Below	--- ▼ Specify Below

Equipment Required: ☐ **TV** ☐ **Internet connection** ☐ **Laptop**

Consumables ☐ **Tea / Coffee** ☐ **(Number of people……)**

Equipment/Special instructions or requests:……..

……..

I/We confirm that I/we have read and accept the Terms and Conditions of Hire. ☐ Yes

I/We accept that there is a call-out fee of $50 to issue a key out of hours. ☐ Yes

Signed:……Dated……..

NB: Adding your name indicates you have signed this form

For REAP office use only:

Booking Taken By	Calendar Updated	Invoiced	No Charge Authorisation

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