



**APPLICATION FOR USE OF SOUTH PENRITH  
NEIGHBOURHOOD CENTRE FOR A FUNCTION**

Name: .....

Address: .....

.....

Contact Day Time Phone No:

(H)..... (Mob).....

DETAILS OF BOOKING

Date: ..... Day: ..... Time: .....

How did you find out about the Neighbourhood Centre?

.....

ACTIVITIES

Please describe the activity you will be holding at these premises.

.....

I have read all the conditions in the package and I agree to strictly adhere to these conditions as set down by Spyns Inc.

I will also ensure that the person returning the key has read these conditions before the function.

Function Organiser (Your name): .....  
(Please Print )

Signature: ..... Date: .....

**For Under 18 parties:**

Name and a contact phone number of adults supervising function:

.....

.....

or

Name of Security Company Engaged

.....

**OFFICE USE ONLY**

Receipt No:.....Amount Paid: .....Date Paid:.....