



Tahunanui Community Centre Booking Sheet

Organisation/Individual Name _____

Invoice to _____

Address _____

Phone Number _____ Email _____

Day/s Required: MON TUES WED THURS FRI SAT SUN (Please circle)

Start Date _____ End Date _____

Time/s required _____

MONTHLY WEEKLY ONE OFF (Please circle)

HALL MEETING ROOM PRESCHOOL MEETING ROOM (Please circle)

Equipment required (chairs etc.) _____

Quoted price \$ _____

Expected number of participants _____

.....

STAFF TO COMPLETE

Keys taken _____ Induction completed by _____

Additional accounts slip completed? _____

