## **COMO BOWLING & RECREATION CLUB INC.**



## Application for Hire of Club Facilities (Bowling/Meetings/other)

Name of Applicant:	
Address:	
Telephone: Home: Work	Mobile:
Type of Event:	
Date of Events:	Time StartFinish
Number of People Attending:	
Bar TAB: (Beer, Wine & Soft Drinks) Yes/N	lo
Please Tick hire requirements below	;-
Kitchen \$100.00	
Table arrangements, decorations, crockery hirers. Food is not permitted on carpeted a Safety regulations, if using the kitchen plea	areas. To comply with the Food Health and
	Phone:
Booking only confirmed when \$100.00 dep	osit received.
Cancellation 72 hours notice otherwise can	cellation fee (\$100.00) will apply.
CLIENTS ARE NOT PERMITTED TO BRII	NG THEIR OWN LIQUOR INTO THE CLUB
Note: The liquor Act requires that we are re-	
Liquor double shots and shooters not availa	able. Drunken or rowdy behaviour or
underage drinking will not be tolerated. Per ejected along with the person supplying the	
COMO MEMBER RESPONSIBLE FOR BOOK	ING
SIGNATURE OF APPLICANT	DATE
Payment Details: Como Bowling & Rec Club	Refund Details: Bank
BSB: 036308	BSB:
ACC: 413308	Acc No
<b>REF: BOOKING NAME</b>	Acc Name: