LOFTUS RECREATION CENTRE BOOKING FORMS 2019

CONTACT DETAILS					
Contact Name:					
Booking Name:					
Address:					
Email:					
Phone: Mobile:					
CASUAL BOOKING DETAIL	.S				
Type of Activity/Sport:		Number of Participants:			
Start Time:		Finish Time:			
Date of Booking:		Day of Booking:			
	SEE BELO	OW FOR ON GOING			
ONGOING CASUAL BOOK	ING DETAILS				
Type of Activity/Sport:		Number	Number of Participants:		
Frequency:		How many Weeks:			
First Date of Booking:		Last Date of Booking:			
Start Time:		Finish Time:			
Any Dates Not Required (i	nclude public hol	idays ect):			
		k down in your booking I Pack Down is the respo		•	
COURT / ROOM					
Court 1		Function Room			
Court 2		Function Room Kitch	ien		
Court 3		Upper Function Rooi	m		
Court 4		Boardroom			
Court 5		Playclub			
RESOURCES REQUIRED PI	ease note quantit				
Tables:		Chairs:			
OFFICE USE ONLY					
Date Received:		Date Booked:			
Confirm Sent:		Total Payment Requ	ired:		
loftusbookings@belgravialeisure.com.au 99 Loftus Street Leederville ww.loftusrecreationcentre.com.au		L	OF	ΓUS	

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