



Hindu Society of South Australia
3A, Dwyer Road, Oaklands Park – 5046
Ph: 08 82981278
Head Priest: 0408893075
www.shriganeshatempleadelaide.com.au

Hindu Society of South Australia

3A-5 Dwyer Rd, Oaklands Park SA 5046

Hall Hire Booking Request and Agreement Form

The undersigned requests the use of Hindu Society of South Australia's hall facility at 3A-5 Dwyer Rd, Oaklands Park SA 5046 and understands the booking is not transferable to another party/organization. (Mark NA if not applicable)

Hirer Details (PLEASE TYPE)

Date	
First Name	
Last Name	
Organization	
Position	
Life Member of HSSA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e-mail	
Phone	
Address	

RENTAL DETAILS

Check one	<input type="checkbox"/> CCC + Social Hall + Kitchen + Dining area (\$1000) <input type="checkbox"/> CCC + Kitchen + Dining area (\$750) <input type="checkbox"/> Social Hall + Kitchen + Dining area (\$500) <input type="checkbox"/> Social Hall+ Dining area (\$250) <input type="checkbox"/> Kitchen + Dining area (\$250) Religious ceremony fee, if any, will be charged extra
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Payment:

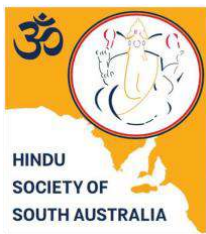
- 50% deposit on booking
- 100% payment on or before the event

Mode of Payment:

EFTPOS/Direct Credit/Cheque. **No cash accepted.**

Our bank account details for direct credit:

BSB: 105-086 Account No.: 054578740



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EVENT DETAILS

Purpose		Number of Guests	
Event Date		Time: Start _____ AM/PM	End _____ AM/PM
Admission Charges if any			

Declaration:

I have fully read and understood the Terms and Conditions of the Hindu Society Community Cultural Centre for hall hire and shall comply with them. I take full responsibility for any damage of property during the rental period by me or my invited guests, to indemnify and to keep indemnified the Hindu Society from and against all actions, costs, claims, damages, charges, and expenses whatsoever, which may be brought or made or claimed against the Hindu Society arising out of or in relation to the hire. I also understand that Hindu Society is not responsible or liable for any accidents, injuries, or loss of individual property.

Signature: _____ Date: _____

For Office Use only

Rental charges (A)	\$ _____	Status	<input type="checkbox"/> Paid <input type="checkbox"/> Pending
Bond money (B)	\$ _____	Status	<input type="checkbox"/> Paid <input type="checkbox"/> Pending
Total rent due	\$ A + B		

Receipt Number:

Comments: