

Booking Enquiry Form

Name of Activity/Group/Club:

Contact Person:

Ph Contact:

Mobile:

Address:

Email address:

Fax:

Please tick the space/s required:

- | | | |
|---|--|---|
| <input type="checkbox"/> Whole Stadium (2 courts) | <input type="checkbox"/> Large Seminar Room (seats 90) | <input type="checkbox"/> Hostel Accommodation |
| <input type="checkbox"/> Half Stadium (1 court) | <input type="checkbox"/> Meeting Room (seats 8-12) | <input type="checkbox"/> Dance Studio |
| <input type="checkbox"/> Golf Swing Clinic | | |

Date/s Required:

From:

To:

Start Time/s:

Finish Time/s:

Approx no. attending the event:

Other Requirements:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Carpeting | <input type="checkbox"/> Tables | <input type="checkbox"/> Score clocks |
| <input type="checkbox"/> Bleacher seating | <input type="checkbox"/> AV/IT Equipment | <input type="checkbox"/> Catering |

Other: Please list what sport (if any) you intend to play or any additional requirements:

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