



Lessee: _____
(Name and Surname or Organisation/Church name)

Hall: _____

Contact nr: _____

Date/Month: _____

Time: _____

Type of Layout: _____

Type of Function: _____

Items Requested:

Items	Amount
Tables	
Chairs	

1. Please note: A layout plan is requested a week before the date of the function to enable this office to make the necessary arrangements.
2. The lessee has received the conditions of hire and will comply accordingly.
3. Forward complete application to the following: rsthysse@george.gove.za
4. The damage deposit and the hall payment must be paid in full within 30 days from submission of this form to secure your booking.
5. Failure to make payment within stipulated days will result in the booking automatically being cancelled.

Booking Method:

T	V
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Date Completed

Name and Surname

Applicant signature

Date Completed

Name and Surname

Official signature

Collaborator reference nr.