



## **PCYC North Sydney Booking Request**

Business Name:		Contact Name: _		
Phone:		Email:		
<b>Booking Detai</b>	ils:			
Event Type:				
Date:	_ Day:	# People expec	ted:	
	FACILITY AREA REQUES	STED		
Room	Cost	Time Start	Time Finish	Equipment required
Gym	\$50.00 per hour			
Boxing Room	\$50.00 per hour			
Dojo	\$50.00 per hour			
Karate Room	\$40.00 per hour			
Main Hall	\$60.00 per hour			
Meeting Room	\$30.00 per hour			

**Special Requests/Comments:** 

224-230 Falcon Street, North Sydney E: <u>northsydney@pcycnsw.org.au</u> PH: 02 9955 2944 pcycnsw.org.au/north-sydney

## Terms & Conditions:

- Access to hired space is not permitted until the time indicated and booked from, with the hired space to be vacated by the agreed completion time. Further charges will apply of bookings continue past the allotted time.
- Attendees are not permitted access to any other part of the facility outside public areas, such as foyer and toilets.
- Food/catering is permitted with PCYC permission.
- Hired space must be left in the same condition it was found, with rubbish placed in bins, equipment stowed away, floor clean and tidy, ready for next booking, unless previously agreed to by PCYC management.
- No alcohol is permitted on PCYC premises
- Hirers are not permitted to fix any thing to walls or equipment without prior consent from PCYC management.
- Hirers and their guests are not to interfere with or impact the use of facility of staff or other club users.
- All hirers and guests must follow the direction of PCYC staff at all times.
- Payments for all bookings and associated charges must be paid in full in advance (preferably at time of booking) in order to secure booking.
- Bookings are not confirmed until full payment is made.
- Hirers must provide credit card details below. This credit card will be charged a cleaning and rubbish removal fee if required (\$50.00). Details will be destroyed at completion of booking.

Credit Card Details				
Please Circle:	VISA	MASTERCA	RD	
Card #:				
Name on Card:			Signature:	
Expiry:			CVC #:	

Signed:	Name:	Date:	

Office Use:	
Booking Confirmed:	Staff Name:
Paid:	Staff Sign:
Cleaning Fee Charged:	Date:

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