



APPLICATION TO HIRE KILDARA CENTRE

NAME OF ORGANISATION

CONTACT PERSON

PHONE **FAX** **EMAIL**

POSTAL ADDRESS

.....P/C.....

DATE(S) REQUIRED

.....

.....

COMMENCEMENT TIME **FINISHING TIME**

APPROXIMATE NUMBERS ATTENDING

AREA(S) REQUIRED *please tick*

- DINING ROOM**
- CONFERENCE ROOM**
- UPSTAIRS HERITAGE ROOM**
- SMALLER DISCUSSION ROOM**
- KITCHEN FACILITIES**

EQUIPMENT REQUIRED *please tick*

- Whiteboard**
- Data projector**
- Video** **DVD** **CD Player**
- Microphone**
- O/H Projector**
- organ/piano**
- Ovens**

WILL YOU BE ENGAGING A CATERER?

Please note that Kildara Centre does not provide catering but names of caterers are available on request.

Name of Catering Coordinator (To assist Caterer with setting up etc)

PLEASE FAX OR POST THIS FORM TO KILDARA AS SOON AS POSSIBLE.

**KILDARA CENTRE
REAR 39 STANHOPE STREET
MALVERN, 3144
PHONE: 9509 7906 FAX: 9500 2942**