

## COOTAMUNDRA TOWN HALL FACILITIES QUOTE 2023/2024

Name Applicant		
Name of Organization:		
Name Insurance held in:		
Company Insurance held with	th:	
	*******MUST BE SUPPLIED WITH FINAL PAYMENT ( WILL NOT BE FINALISED*	DR BOOKING
Address of Applicant:		Contact
Phone Number:	Mobile:	Date of
Function:	Type of Function:	
Dates & times for Set up:	Dates & times f	or Rehearsals:
Approx. No.of Guests/Audie	nce:	

## \*\*PLEASE NOTE; IF THE BAR AREA IS HIRED A LIQUOR LICENCE MAY BE REQUIRED.

VENUE	Cost Per Day	No. of Days	Tot
Town Hall	\$688		\$
Town Hall & Bar	\$883		\$
Town Hall & Civic Hall	\$963		\$
Town Hall & Civic Hall & Bar	\$1122		\$
Town Hall & Civic Hall & Kitchen	\$1122		\$
Town Hall Civic Hall Bar & Kitchen	\$1405		\$
Civic Hall & Kitchen	\$688		\$
Set up/ Rehearsal- Price Dependent on time	\$	Hours/Days	\$
and facilities required—Refer Attached		required	·
Piano (MUST REMAIN ON STAGE)	\$102		\$
Closure of Council Car Park	\$216		·
Additional requirements to above will be charged on an "At Actual Cost basis"	\$		\$
TOTAL AMOUNT:	\$		\$
LESS ADJUSTMENTS-COMMUNITY DISCOUNT	\$		\$-
TOTAL BOOKING FEES	\$		\$
LESS DEPOSIT- 50% TO BE PAID AT TIME OF BOOKING-(Booking will be held for 4 weeks as "tentative" and then cancelled if deposit is not received)	\$		\$
BALANCE OWING:  MUST BE PAID IN FULL 6 WEEKS PRIOR TO  EVENT – IF BOOKING IS MADE WITHIN 6  WEEKS FULL PAYMENT MUST BE PAID AT  TIME OF BOOKING	\$		\$ ****

## PLEASE INDICATE IF YOU REQUIRE ANY OF THE FOLLOWING:

Yes Yes	No No
Yes	No
Yes	No
Yes	No
Yes	No
	Yes

## **OFFICE USE ONLY**

Entered in CalendarInitials
Customer Advised of all Conditions Above
Deposit Received (Y/N) Receipt NumberAmount \$
Balance Owing -Diarised For Follow
Up\$ Amount \$
Balance Received.\$//Init
Written Request received regarding Community Discount
Insurance - Certificate of Currency received
Confirmation Letter sent
Copy given to Town Hall Caretaker