

**ST WILLIAM'S SCHOOL**  
**FACILITIES HIRE**  
**EXPRESSION OF INTEREST**

Name of Organisation		
Contact Person /Hirer		
Phone number		
Email		
Home Address		
Purpose of the Booking		
Dates and/or Days required	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
Times	Start :	Finish:
From		
To		
<b>Facilities required(Please tick)</b>		
Classroom/s		
Daley Centre (Must contact Parish)		
Kitchen (Name location)		
Library/Cybrary		
Oval		
SMMC Auditorium		
SMMC Seminar Room		
Tennis Courts		
Undercover Area		
Other		
<b>Insurance Details:</b> Please include a copy of the certificate of currency with your application form.		
<b>Working with Children Check:</b> Please include number, expiry date and copy/copies of Blue Card/s.		
Special Conditions (eg; liquor licence)		

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
 (Hirer)

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
 (Principal)