St. Francis Xavier Parish

60 Davey St. Frankston 3199
Tel: 9783 3484 Fax: 9783 2210

Hire of Xavier Centre

APPLICATION FORM

Name of Hirer: ……
(if organization/company
write full name) ……

Address: ……

Billing Address: ……
(if different from above)

Contact Person: ……

Telephone: (Home):…… **(Work):** ……..

Mobile:……**Email address:** ……

Date of function: ……..… **Numbers attending:** ……

Reason for function: ……..……

Hours of Hiring:

Date & Time for Setting up Hall: ……

Start of Hire: …….. **Finish of Hire:** ……

Tables : **Yes** ☐ **No** ☐

Table Linen : **Yes** ☐ **No** ☐

I/We agree to abide by the conditions detailed in the attached 'Conditions for Use of the Xavier Centre'.

Signed: ……..…….. **Dated:** ……