Hamilton Inline Hockey Club

Booking form

bookings@hamiltondevils.co.nz

Name:								
Address:					_	Club Bank Account		
					_	020316 0041	.458 00	
Contact Phone Numl	ber:				- :			
E-Mail Address:					_	Club Use Only		
Contact Person:					_	Deposit Paid	Y/N or NA	
Number Attending:						Amount	\$	
Age Group:						Name		
Date/s of required bo	ooking:				_			
Required booking tir	nes:				_	Full Payment Re	eceived Y/N	
					Cook	Date		
Rink Hireage	Club member	Y/N	# of	\neg	Cost \$		Club Use Only	
g-	Non club memb	•	# of		\$			
Additional Rink Se	<u>rvices Require</u>	<u>ed :</u>						
Hire Skates		Y/N	# of		\$			
Music / DJ Box		Y/N			\$			
Meeting room		Y/N			\$			
Mezzanine		Y/N			\$			
Kitchen/Shop		Y/N			\$			
Office		Y/N			\$			
Changing Rooms mu	ust be used.		# of		\$	No Charge		
Rubbish Disposal		Y/N			\$			
Puck(s) required -	Number of:	Y/N	# of		\$			
Sticks required - N	umber of:	Y/N	# of	\exists	\$	No Charge		
Helmets required -	Number of:	Y/N	# of		\$			
Staffing:			_					
Hockey Skills		Y/N	# of		\$			
Learn to Skate		Y/N	# of	$\overline{}$	\$			
			_		Total Cost			
Additional requireme	ents/queries:				\$	0.00		
	-							
A \$25.00 cancellation fee applies for cancellations or no shows within 48 hrs of the booking								
is a Key Holder required	to open rink?	Y/N			Who?			
Please email:	Bookings@ham	iltonde	vils.co.	<u>.nz</u>	when com	plete.		