



OFFICE USE ONLY	112012
MEMBERSHIP NO.	
RATE	
DATE RF RECEIVED	

HOBSONS BAY LIBRARIES REGISTRATION FORM FOR MEETING ROOM USE

Contact Details

Company/Organisation Name: _____

Contact Name: _____

**The company / organisation contact must be over the age of 18 and will be responsible for any and all costs, bookings and cancellations by this company / organisation. Please attach a proof of age document to this form.*

Company/Organisation

Address (Street/PO Box): _____

Suburb & Post Code _____

Phone: _____

Mobile: _____

Email: _____

Initial Booking Details

Please fill in the following information regarding your initial booking.

Date: _____

Start Time: _____ Finish Time: _____

Library Venue: ☐ Altona ☐ Altona North
☐ Altona Meadows ☐ Williamstown

Purpose of Use: _____

I agree to abide by the Meeting Room Conditions Of Use attached to this Registration Form.

Print Name

Signature

Dated