## APPLICATION FOR THE HIRE OF CLEARVIEW PRIMARY FACILITIES



Name:				
Address:				
Phone:		Mobile	э:	
Email:				
BOOKING DETAIL	_S:			
Room Required:	Hall	Kitchen		Community Room
Date/s Required: .		Start Time:		Finish Time:
Casual	Regular		Continues du	uring school holidays
month)				hird Tuesday of every
Expected amount of	of people:			
Reason for function	n:			
Meeting Conference	Community Organisation Function Small Business Function		Sport/Physical Activity Seminar	
Further details:				
What equipment, if	any, will you be bri	nging to the fac	ility?	
Signed:				
Please return to the	e office on completi	on or email to a	.dmin@clearvi	iew.school.nz