



ACN: A0010807W ABN: 47 963 393 149

WMYC Hall Hire Application Form

Read in conjunction with WMYC Conditions & Protocol document.

Hirer Name, _____

Contact Details, Ph _____ / Email address _____

WMYC Member, No / Yes

Event Date, _____ / Hours Required _____

Event Type, _____

Bar Service Required, No / Yes, ___ Hours Required _____

Approximate Numbers Attending, _____

Special Requirements, _____

Please Email this form to ian.gale@netspace.net.au