



KAS Facility and Equipment Hire

Your Contact Details

Name:

Company name:

Address:

Postal Address:

Phone: Mobile:

Email:

Hire of: Office Pavilion Grounds Equipment

Dates and times of hire:

Description of activities:

Bond: \$ / Not applicable Fee: \$ day / week / month

I agree that the hire of KAS facilities and equipment is at my own risk and shall be left /returned in the same condition as originally received from KAS.

Other KAS terms of use for hire of facilities / equipment:

.....

.....

Signed (hirer): KAS Committee Member:

Date: / /

Date: / /

Office Use Only

Invoice no.: Invoice amount: Bond paid:

Payment received: Condition of hire area: Bond returned: