

MacKillop Parish Function Room

MACKILLOP CATHOLIC PARISH



Yes / No

St Paul's Catholic Parish

CHARLESTOWN GATESHEAD REDHEAD

MACKILLOP PARISH VENUE BOOKINGS SHEET

Yes / No

Hall

MacKillop Catholic Parish Pastoral Centre							Under St Paul's Catholic Church						
7 Milson Street, CHARLESTOWN. 2290.							66 Felton Street, GATESHEAD. 2290.						
CONTACT DETAILS:-	•	T.											
Organisation:													
Name of Contact:													
Contact Numbers:			(M) (Ph)										
Contact Email:			@										
Signature:			Date:										
FUNCTION DETAILS	:-												
Type of Function:													
Date of Function:													
Time and Duration	of	Functi	on:										
Start Time:		Finisl			Time:			Du	ratio	า:			
Catering:	Se	elf	Yes / No				Pro	ofessional			Yes / No		
	ering:				Caterers:								
Name of Catering	Со	mpany	/:										
Crockery:	Vo		Cutlery:	Yes/I		No	o Glassware:		Ye	es / No			
Tables & Chairs Required:					No. Of Ta	ables:				No. Of			
										Chairs:			
Linen Required:[A LAUNDRY SERVICE FEE may					be applied]			Tal	ole Cl	othes:	Ye	es / No	
Technical Requirem	ent	t s:- [A R	EFUN	DAL	BLE BOND	ma	y be	арр	lied to	cover dan	nages]		
WiFi Connection:					s/No	Data Projector:					Ye	es / No	
Laptop / Screen:					'es / No	Microphones:					Yε	es/No	
		Laundi	ry Sei	rvic	ce Fee [If a	ppl	ied]	@\$_		_=>			
	Ref	fundab	le Te	ch .	Bond [If a	ppl	ied]	@\$_		=>			
						<i>T</i> (OTA.	L H	TRE F	<i>EE</i> :-			
		Ver	nue L	ice	nce Agre	em	ent	con	nplete	ed:-	Ye	es / No	
Cleaning Fee:- Shou													
neat and tidy condition	n,	a fee of	\$135	per	hour will b	e c	narge	ed to	clear	n it.			

VENUES:- (PI	loogo indigo	to which Vo	nuo	vou wich to Hi	ro)							
VENUES:- (Please indicate which Venue you wish to Hire). MacKillop Parish Function Room Yes / No St Paul's Catholic										c Parish F	Hall	Yes / No
MacKillop Catholic Parish Pastoral Centre Under St Paul's C												
7 Milson Street, CHARLESTOWN. 2290. 66 Felton Stre								eet,	GATESHE	EAD.	2290.	
CONTACT DETAILS:-												
Organisation	•											
Name of Con												
Contact Num	bers:	(M) (Ph)										
Contact Ema	il:	@										
Signature:			Date:									
FUNCTION DETAILS:-												
Type of Funct	ion:											
Date of Funct	tion:											
Time and Duration of Function:												
Start Time:		Finish Time: Duration:										
Catering: Se	ering: Yes/No				Professional Cat				terers:	γ	'es / No	
Name of Catering Company:												
Crockery:	Yes/N	O Cutlery: Yes/No Glasswa						are:	γ	'es / No		
Tables & Cha	uired: No. Of Ta			bles: No.				No	. Of Cha	irs:		
Linen Required:[A LAUNDRY SERVICE FEE may be applied] Table Clothe									es:	γ	'es / No	
Technical Req	uiremer	nts:- [A R	EF	UNDABLE	ВОІ	ND n	nay b	е арр	lied	to cover	dama	ages]
WiFi Connection:				s/No	Da	Data Projector:					γ	′es / No
Laptop / Screen: Y				es/No Mic			rophones:				γ	′es / No
OFFICE USE ONLY:												
Hire Fees:										Total:		
hours @ \$ per hour=>												
@ \$ per half day =>												
@ \$ per full day=> Laundry Service Fee [If applied] @ \$ =>												
Laundry Service Fee [If applied] @ \$ => Refundable Tech Bond [If applied] @ \$ =>									<u> </u>			
neiuli	uable it	JUI BUIL	4 [I	ı appueu]	ب س			HIRE F	FF.	<u> </u>		
Venue Licence Agreement completed:-										Yes	/ No	

ST MARY of THE CROSS PARISH HUB

Office Hours: Monday to Friday 9.00am – 4.00pm PO Box 107 (7 Milson Street) CHARLESTOWN NSW 2290 T: 02 4943 4153 E: stmarythecross@mn.catholic.org.au

W: mackillopcharlestown.org.au