



St. Francis Xavier Parish

60 Davey St. Frankston 3199

Tel: 9783 3484 Fax: 9783 2210

Hire of Xavier Centre

APPLICATION FORM

Name of Hirer:
(if organization/company
write full name)

Address:

Billing Address:
(if different from above)

Contact Person:

Telephone: (Home):..... **(Work):**

Mobile:..... **Email address:**

Date of function: **Numbers attending:**

Reason for function:

Hours of Hiring:

Date & Time for Setting up Hall:

Start of Hire: **Finish of Hire:**

Tables : **Yes** **No**

Table Linen : **Yes** **No**

I/We agree to abide by the conditions detailed in the attached 'Conditions for Use of the Xavier Centre'.

Signed: **Dated:**