



CLIVEDEN ROOM BOOKING APPLICATION FORM

MAV - Cliveden, 61 Blyth Street, Brunswick, VIC. 3056
 Ph: 9380 2399 Fax: 9389 0399 email: office@mav.vic.edu.au
 ABN: 34 004 892 755 (ALL PRICES INCLUDE 10% GST)

NAME OF APPLICANT: _____
 SCHOOL / ORGANISATION: _____
 ADDRESS: _____
 _____ P/CODE: _____
 TELEPHONE: _____ FAX: _____ EMAIL: _____

2017 HIRING RATES

Our 'Education Centre' training room accommodates groups for various activities including professional development, training sessions, morning teas, Board meetings, staff meetings or anything else you want to hold!

We can set up tables for small groups (up to 30 people), Boardroom style (Up to 16 people), U-shaped (up to 18 people) and Theatre style (up to 50 people).

The rates include a whiteboard, PC computer, flat-screen TV and use of the kitchen for catering purposes.

EDUCATION CENTRE Weekday Rates (please tick)

<input type="checkbox"/>	Full Day (9am-5pm)	\$312.00	\$ _____ • _____
<input type="checkbox"/>	Half Day (8am-12pm, 1-5pm)	\$186.00	\$ _____ • _____
<input type="checkbox"/>	Evening (any part of booking after 5pm)	\$207.00	\$ _____ • _____

DAY/S AND DATE/S REQUESTED: _____

ARRIVAL TIME: _____ DEPARTURE TIME: _____ APPROX. NO OF PEOPLE: _____

ROOM SET UP:

- Theatre Boardroom
 Classroom Style Other (specify) _____
 U-shaped _____

CATERING

Please indicate below if you would like us to organise catering for you:

- Use of kitchen, crockery etc. required (no charge)
 Morning/Afternoon Tea from \$10.00 per person (please circle) Lunch \$ 22.00 per person \$ _____ • _____

Morning/Afternoon Tea: selection of sweets or savoury **Lunch:** . Variety of custom menus to suit all your needs.
 Please fill in details below for particular catering needs and dietary requirements

APPROXIMATE EXPENDITURE PER HEAD: \$ _____

BRIEF DESCRIPTION OF REQUIREMENTS (ie: sandwiches, hot finger food, vegetarian etc):

I/We understand that a non-refundable deposit of \$50.00 is applicable and that an additional charge may be made if facilities are not left in a satisfactory condition after use.

SIGNATURE OF APPLICANT: _____ DATE: _____

PAYMENT OF DEPOSIT (\$50)

I / We enclose a cheque / money order (made payable to MAV) for \$ _____ or please charge my:

- MASTERCARD VISA

NUMBER: _____ / _____ / _____ / _____ EXPIRY DATE: ____ / ____ CCV: _____

NAME OF CARDHOLDER: _____ SIGNATURE: _____

ALTERNATIVELY, PLEASE PROVIDE ORDER NUMBER: _____ (please attach order)