



## 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: \_\_\_\_\_

### 2016 HIRING RATES

**Training Room:** The training room accommodates 30 people in classroom mode and approximately 50 in theatre style, however, many variations are possible - we customise the set up for your booking. The rates shown below include use of whiteboard. A data projector is available for an additional cost by request.

Please note the below rates for the Training Room also include the use of the kitchen for catering purposes.

**EDUCATION CENTRE Weekday Rates (please tick)**

<input type="checkbox"/>	Full Day (9am-5pm)	\$302.00	\$ _____ . _____
<input type="checkbox"/>	Half Day (8am-12pm, 1-5pm)	\$180.00	\$ _____ . _____
<input type="checkbox"/>	Evening (any part of booking after 5pm)	\$200.00	\$ _____ . _____

DAY/S AND DATE/S REQUESTED: \_\_\_\_\_

ARRIVAL TIME: \_\_\_\_\_ DEPARTURE TIME: \_\_\_\_\_ APPROX. NO OF PEOPLE: \_\_\_\_\_

**ROOM SET UP:**

- |  |               |   |
|--|---------------|---|
| <input type="checkbox"/> Theatre               | Requirements: | <input type="checkbox"/> TV/DVD/VHS                 |
| <input type="checkbox"/> Classroom Style       |               | <input type="checkbox"/> Data Projector (hire \$55) |
| <input type="checkbox"/> Other (specify) _____ |               | <input type="checkbox"/> Other (specify) _____      |

### 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 \$8.00 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)