

Allman Park Racecourse

170 Victoria Street, Warwick Q 4370

www.warwickturfclub.org.au

VENUE HIRE BOOKING FORM

Please complete and return to: secretary@warwickturfclub.com.au

For queries, please contact the Club Secretary Kristen Doyle on 0414 899 854 or via the above email.

TO BE COMPLETED	BY THE HIRER			
Name of Event				
Name				
Address				
Phone				
Email				
EVENT DETAILS				
Date				
Venue	Members Lounge \Box	Lyndhu	rst Pavilion \Box	Trackside Pavilion \Box
Start Time		Finish T	ime	
Expected Number of Patrons				
Confirmed Number	r of Patrons			
Will there be minor	rs attending?	Yes 🗆] No [
Required Set up Time				
EVENT REQUIREMI	ENTS			
Entertainment	Live Music 🗆	DI 🗌	Other	□ None □
Tables Required	Round (seats 8)		Chairs Require	ed Plastic
	Rectangle (seats 6)			Stools
	Dry Bars			
	Tablecloths Yes 🗆	No 🗆		
PA System Required		Yes 🗆] No [
TV's Required		Yes 🗆] No [
Security Required (over 300 guests)		Yes 🗆	No 🗆	
Catering Requirements - To Hire the		Caterer		
commercial kitchen a Food Safety Handling		Food Service start time		
Certificate must be provided.				
Special Drink Requirements – not		BEER - Bottles 🗆 Cans 🗆		
provided on Beverage List		Other _		
How would you like to pay for		Bar TAB	B Yes 🗌 He	ow much?
beverages?		Cash Ba	ir Yes 🗆	
If Yes to Bar TAB	Beer, Wine, Softdrink	& Water	· Yes 🛛	
please select	All products (including Spirits) Yes 🗆			
options				
Container	Glass Plastic			
Requirements				
Tea & Coffee	Urn/Tea/Coffee/Sugar/Milk/Double wall hot cups provided			
Station	Not required \Box			



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turf club VENUE HIRE BOOKING FORM

PLEASE READ VENUE HIRE TERMS & CONDITION	IS BEFORE SIGNING THIS AGREEMENT
By signing this form, I	the Hirer agree that I have read and
understood the Venue Hire Terms and Condition	s and will abide by the conditions set out
therein.	
Signature	_ Date
PAYMENT DETAILS – FULL PAYMENT IS REQUIRE	ED 5 DAYS PRIOR TO YOUR EVENT.
A DEPOSIT OF \$200 TO BOOK THE VENUE WILL F	BE TAKEN ON RECEIPT OF BOOKING.
BOTH TRANSACTIONS WILL BE PROCESSED AUT	OMATICALLY VIA DETAILS LISTED
BELOW.	
CREDIT CARD INFORMATION REQUIRED	
VISA OR MASTERCARD	
NAME ON CARD	
CARD NUMBER	
EXPIRY DATECV	

OFFICE USE ONLY		
Deposit paid: \$	Date paid:	Receipt #:
Balance paid: \$	Date paid:	Receipt #:
CLP submitted:		