

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 Chief Operating Officer 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 🗌 Lyndhurst Pavilion 🗌 Trackside Pavilion 🗌			
Start Time Ceremony: Finish		Finish Time: Bar will close at		
	Reception:	11.30pm for a midnight exit.		
Expected Number of	of Patrons			
Confirmed Number	of Patrons			
Will there be minor	rs attending?	Yes 🗆 No 🗆		
Required Set up Tir	ne			
EVENT REQUIREMI	ENTS			
Entertainment	Live Music 🗌 🛛 🛛	DJ 🗌 Other 🗌 None 🗌		
		Chairs Required Plastic		
	Rectangle (seats 6)			
	Rectangle (seats 10)			
	Dry Bars			
	Tablecloths Yes 🗌 🛽	No 🗆		
PA System Required		Yes 🗌 🛛 No 🗆		
TV's Required		Yes 🗌 🛛 No 🗆		
Security Required (over 300 guests)		Yes 🗌 No 🗆		
Catering Requirements		Caterer		
		Food Service start time		
Special Drink Requirements – not provided		BEER - Bottles 🗌 Cans 🗆		
on Beverage List		Other		
		Other		
How would you like to pay for beverages?		Bar TAB Yes 🗌 How much?		
		Cash Bar 🛛 Yes 🗆		
If Yes to Bar TAB	Beer, Wine, Softdrink & Water Yes 🗆			
please select	All products (including Spirits) Yes 🗆			
options				
Container	Glass 🗌 🔹 Plastic 🗆			
Requirements				



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Tea & Coffee	Urn/Tea/Coffee/Sugar/Milk/Double wall hot cups provided
Station	Not required \Box

PLEASE READ VENUE HIRE TERMS & CONDITIONS BEFORE SIGNING THIS AGREEMENT				
By signing this form, I the Hirer agree that I have read and				
understood the Venue Hire Terms and Conditions and will abide by the conditions set out				
therein.				
Signature Date				
PAYMENT DETAILS – FULL PAYMENT IS REQUIRED 5 DAYS PRIOR TO YOUR EVENT.				
A DEPOSIT OF \$200 TO BOOK THE VENUE WILL BE TAKEN ON RECEIPT OF BOOKING.				
A BOND OF \$300 WILL BE PROCESSED DAY PRIOR TO YOUR EVENT AND RETURNED (IF				
NO LOSS OR DAMAGE) DAY AFTER YOUR EVENT.				
TRANSACTIONS WILL BE PROCESSED AUTOMATICALLY VIA DETAILS LISTED BELOW.				
CREDIT CARD INFORMATION REQUIRED				
VISA OR MASTERCARD				
NAME ON CARD				
CARD NUMBER				
EXPIRY DATECVC				

OFFICE USE ONLY		
Deposit paid: \$	Date paid:	Receipt #:
Balance paid: \$	Date paid:	_ Receipt #:
Bond paid: \$	Date paid:	_ Date Refunded: