

Karangahake Hall Bond Form

Name of Applicant

Address

Contact Phone Number

Do hereby make payment of \$500 for the hire of the Karangahake Hall on the:

Date/s of Hire

I/We (the abovementioned) further authorise the Karangahake Hall Committee to invoice us for actual costs incurred to remedy /rectify /repair or clean up any damage or destruction which occurred during the hire period.

Signature:

Date:

Name:

PLEASE PRINT

Bank Account Number (Refund of bond money).

Account Name:

Bank	Branch					Account Number										Suffix			

OFFICE USE ONLY

BOND Receipt No

Date Paid