



TIER 2 – FACILITY FEE WAIVER APPLICATION FORM

GROUP/ORGANISATION NAME :

Postal Address:

Telephone Contact Numbers:

Email (or Fax Number):

I declare that I am authorised to submit this application on behalf of the applicant group.

Your Name:

Position Held:

Signature: DATE:.....

FACILITY TO BE HIRED:

(Please include if you require use of kitchen/toilets/showers etc and if St Marys, St Helens etc)

TYPE OF EVENT TO BE HELD WITHIN FACILITY:

HIRE DATE/S INCLUSIVE FROM:TO.....

IS YOUR ORGANISATION CATEGORY B OR CATEGORY C?

CATEGORY B: Private functions and other non-commercially trading organisations (25%)

CATEGORY C: Not for Profit Organisations (50%)

Office Use Only: (Concession not including bond or \$25 non-refundable administration fee):

Full Fee Payable: \$ Less concession for Category B or C: \$.....

Tier 2 Fee Waiver Amount Applied For: \$

Total Fee Payable if concession approved: \$

Fee Waiver - Approved / Declined Date:

Signature: General Manager

