

# Te Atatu Baptist Booking Form



Please fill in this booking form and pay either \$250 bond or 50% of the total anticipated account, which ever is greater.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Te Atatu Baptist is a Smoke and Alcohol free zone.  
 These are NOT PERMITTED on site.**

Please include your set-up and pack-down times on this form.

Date: \_\_\_\_\_  
 (Day/Month/Year)

Time Required: \_\_\_\_\_  
 (Eg: 2pm-5pm Charged per hour)

Please Circle. - Require the use of:

**Auditorium  
 Only**  
**\$60/Hour**

**Auditorium  
 & Hall**  
**\$80/Hour**

**Hall Only**  
**\$40/Hour**

**Hours Total: - \$**

Please Calculate in. - Also Require:

	<b>Auditorium.</b>	<b>Hall.</b>	<b>Sub - Total.</b>
<b>Basic Sound System:</b>	<b>\$100</b>	<b>\$40</b>	<b>\$</b>
<b>Technician's Fee:</b> - \$30/hour	<b>Hours Req:</b>	<b>Auditorium Only</b> (Not req for Hall)	<b>\$</b>
<b>Projector Fee:</b>	<b>\$50</b>	<b>\$50</b>	<b>\$</b>
<b>Custodian Fee:</b>	<b>Compulsory - \$20</b>		<b>\$20</b>
<b>Other Equipment:</b>			<b>\$</b>
			<b>Total: - \$</b>

**Bond Paid: - \$**

**Still to pay: - \$**

Please Circle. -Paid By:

**Cash**

**Cheque**

**Bank Deposit:** 12-3071-0237324-02 (Ref - Your Name & Date)

**Signed: Customer -**

**Signed: TABC Rep -**