Townsville Senior Citizens Welfare Association Inc.
14-16 Ryan Street Belgian Gardens QLD 4810
Email: secretary@tscwa.org.au
Website: www.tscwa.org.au
Phone: 0466 863 426
ABN: 85 690 314 585
IA04357 / CH0462

Booking form for hire of Townsville Senior Citizens Welfare Association Hall

Application Date: / / **2026**		**Approval:** Yes ☐ No ☐
Customer Details	Company Name (if applicable)	
	Contact Name	
	Email Address	
	Contact Mobile Phone	
	Community Organisation	Yes ☐ No ☐
	Not for Profit Organisation	Yes ☐ No ☐
	Public Liability Insurance?	Yes ☐ No ☐

Event Details	Description of booking		
	Date of booking		
	Event Times	From	To
	Booking access times	From	To
	Anticipated attendance		
	Proposed pre-inspection	Date	Time
	Proposed key collection	Date	Time
	Proposed key return	Date	Time

Alcohol Consumption	This venue is not licenced to serve alcohol during an event. Alcohol is not permitted to be served or sold in this venue unless application to Townsville City Council to have the area declared 'wet' for the occasion as per T&C's section 5. Permits, Licences and Approvals.

Customer Bank Details	Bank Name	
	BSB	
	Account Number	
	Account Name	

Information Privacy Act: You are providing personal information which will be used for the purposes of delivering services and carrying out TSCWA business. Your personal information is handled in accordance with the Information Privacy Act 2009 and will be accessed only by persons who have been authorised to do so. Your information will not be given to any other person or agency unless authorised by you or the disclosure is required by law.

Acceptance of hire of Townsville Senior Citizens Welfare Association Hall

TSCWA Office Use Only:

Your request for hiring of TSCWA hall on the below date as detailed above has been approved. Please pay the amount below to reserve your booking by [Insert date].

Also attached are Term and Conditions for this booking:

Event Details	Date of Booking	
	Actual pre-inspection	
	Actual key collection	
	Actual key return	

Payment Method	To secure your booking all payments are to be made a minimum of seven (7) days prior to the event or immediately if the event is to take place within the seven (7) day period. **Bank Details:** Townsville Senior Citizens Welfare Association Inc. **Bank Name:** Commonwealth Bank Australia **BSB:** 064 817 **Account Number:** 00090547
	• If the key is not returned within seven (7) days, the key deposit will be forfeited to TSCWA. • Key is to be placed in TSCWA Office letterbox (Door 10) • If any damage occurs to building, equipment, fixtures, gardens or irrigation system the bond will be forfeited to TSCWA for the repairs or replacement. • This venue is not licenced to serve alcohol. • Should section 5 (serving or sale of alcohol) of the T&Cs be breached the hirer will forfeit the bond amount of $250.00.

Fees and Charges	Event Hire Fees/Cleaning Cost	$
	Bond amount	$250.00
	Key deposit	$50.00
	Total amount	$

Agreement Contract for Hire of Townsville Senior Citizens Welfare Association Inc. Hall

TSCWA Office Use Only:

Receipt Details	Company Name	
	Contact Name	
	Payment received (date)	
	Payment Amount	
	Receipt Number	
Bond Deposit	**The Hirer** will be responsible for all costs relating to damage attributable to the conduct of event, to any Townsville Senior Citizens Welfare Association (TSCWA) assets, gardens any damage to public utility assets, or movement of furniture. **Bond Deposit Refund** will be returned within approximately seven (7) days of venue hire and is only payable to the named person or company name via TSCWA bank transfer. Please ensure all customer details are correct to avoid delays in receiving your refund. **Serving or sale of alcohol** Should section 5 of the T&Cs be breached the hirer will forfeit the bond amount of $250.00.	

Hirer Use:

This agreement will not be accepted unless signed and dated by the hirer. I ……. Being the contact person for the hire of TSCWA hall, accept the Terms and Conditions, Information Privacy Act and applicable fees and charges listed in this agreement. I understand by signing this agreement I take full responsibility for payment and obligations outlined above. I am over the age of eighteen (18) years of age.	
Signed:	**Date:**

TSCWA Office Use:

I ……. on behalf of TSCWA accept the booking from …… for the hiring of TSCWA hall on ……...		
Position:	**Signed:**	**Date:**

A copy of this booking/agreement should always be on site during the event.