

APPLICATION FOR HIRE MOUNT FLORA MEETING ROOM

Dates Required:

Start/Finish Times:

Type of Activity:

Name of Group:

Please tick box:

☐ Community Group, incl. non profit organisation
(written proof may be requested)

☐ Commercial Group

Name of Contact Person:

Postal Address:

Postcode:

Phone (Home):

(Work):

(Mobile):

(Fax):

Email Address:

AGREEMENT DECLARATION

I hereby declare that I have received and read the Mount Flora Meeting Room Terms and Conditions of Hire and agree to abide by these conditions and any other regulations or directions stipulated by the City of Stirling.

I agree to meet all costs associated with the replacement of keys and locks if the below-mentioned keys are lost, stolen, misplaced or are in any way unable to be returned to the Administration Centre.

Signature: _____ Date: _____

OFFICE USE ONLY

Key Number		Key Number	
Date		Date	
Issued:		Returned:	
Name:		Name:	
Signature		Signature	