



WESTERN

HEAR THE ROAR

WESTERN ATHLETICS CLUB FACILITY HIRE/TAX INVOICE

EVENT NAME: _____ DATE _____

CONTACT PERSON _____ MOBILE CONTACT _____

ADDRESS _____

EMAIL ADDRESS _____

Facilities Required	Fee	Confirmed
OVAL ONLY	\$200	
OVAL AND EQUIPMENT	\$300	
OVAL, EQUIPMENT AND TIMING GATES (Includes a person to operate the gates for the event)	\$450	
TIMING GATES ONLY (Includes a person to operate the gates for the event)	\$400	
Will you require Canteen facilities	Yes/No	
Will you require BBQ facilities	Yes/No	

Arrival Time _____ Event Start Time _____ Event Finish Time _____

Payment Instructions	Incorporation Number A43748 ABN Number 51 123 049 864
Account Name	Western Athletics Club
BSB Number	805 007
Account Number	00266014
AMOUNT	\$

Date ____/____/____

Signature of Agreement

Western Athletics Club contact person Debbie Meich 0412 356 088