Midnapore Lake Residents Association
Lake Room Booking Form

Residents Code: _____

Today's Date: _____

Date of Rental: _____

Members Name: _____

Members Address: _____

Members Email: _____

Telephone Number(s) _____

Type of function: _____

Start Time of function_____End Time_____

Guest Arrival Time _____
(please be aware that this time includes set-up and tear down - minimum 2 hour booking)

Number of Guests: _____

Number of Additional supporting members(if required): _____
(Please list name and addresses on separate sheet)

Is Wheelchair Lift required?_____

Any Special Requirements or Delivery Arrangements?
_____

Non-refundable booking fee: _____
Security deposit (50%): _____
Paid in full: _____
Guest List: _____

Members (renters) Signature:_____

Park Managers Signature: _____