

APPLICATION FOR THE USE OF THE C.S.A. BUILDING

Please fill out and return to the C.S.A. centre

Name of Applicant/ Club/Organization/School: -----

Address: -----

Name of Contact Person: -----

Contact Tel: -----Contact Fax-----

Are you a member of the Civil Service Association? Yes----- No-----

What type of Club/organization are you? Voluntary-----Charitable-----

Students-----Other-----

Use for the building is required: -----

Date required: -----

Time: From ----- To -----

Other Services Required:

(1) Chairs Yes-----No ----- If yes No. required -----

(2) Use of the Bar: Yes ----- No ----- Sale of Alcohol: Yes----- No -----

(3) Other (specify): -----

.....
SIGNATURE OF APPLICANT

.....
DATE OF APPLICATION

TO BE COMPLETED BY C.S.A. AUTHORITIES ONLY

Received by: ----- Date -----

Approved/ Rejected: -----

Remarks/ Action Taken: -----

Deposit: ----- Other Charges: -----

Total Fees to be paid: -----

.....
SIGNATURE OF COMMITTEE MEMBER

.....
DATE