



# CENTURYCITY

*Your space. Your place.*

## SPECIAL EVENTS APPLICATION FORM

TYPE OF FUNCTION: \_\_\_\_\_

### CONTACT DETAILS:

RESPONSIBLE PERSON'S NAME: \_\_\_\_\_ Order No: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ Vat No. \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

TELEPHONE No: (OFFICE) \_\_\_\_\_ (CELL) \_\_\_\_\_ E mail \_\_\_\_\_

EXACT DETAILS OF EVENT: \_\_\_\_\_

NUMBER OF PEOPLE: \_\_\_\_\_

FUNCTION DATES: \_\_\_\_\_ FUNCTION TIMES: \_\_\_\_\_

### **INDEMNITY:**

The Event Organiser hereby irrevocably indemnify and keep indemnified the CCPOA which accept no responsibility for any loss (consequential or otherwise), damage, injury and or death, cost, interest and expense for which the CCPOA may hereafter be called on, pay, incur or sustain in connection with any action, proceedings, or claim being instituted against it by any party whomsoever, including the participants, directly or indirectly arising from or related to this application and/or relationship arising there from.

APPLICANT SIGNATURE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

Please complete and email to [info@centurycity.co.za](mailto:info@centurycity.co.za).  
For more information, please call our offices on 021 552 6889.

### **For Office Use:**

RENTAL FEE: \_\_\_\_\_ DEPOSIT: \_\_\_\_\_ TOTAL DUE: \_\_\_\_\_

(The deposit will be refunded after inspection)

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

INVOICE NUMBER: \_\_\_\_\_