



# GREATER GIYANI MUNICIPALITY

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0826

## OFFICE OF THE MUNICIPAL MANAGER

REF: 13/6/2

### FACILITY BOOKING FORM

**FOR OFFICE USE**  
**BOOKING NO:**  
**OFFICIAL:**

**Facility:** \_\_\_\_\_

**Contact Person** (Surname & Names)

**Contact Number & Email**

**Physical Address**

**Event Details**

Event Name:

Event Date:

**Start and End Time**

**Estimated Attendance**

**Brief Event Description**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**FOR OFFICE USE**

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
MUNICIPAL MANAGER

\_\_\_\_\_  
DATE

**\*Kindly email the completed form to [ChaukeHC@greatergiyani.gov.za](mailto:ChaukeHC@greatergiyani.gov.za)  
OR submit manually to office no 59 at the Municipal Building**