Blayney Shire Council

PO BOX 62
BLAYNEY NSW 2799

COMMUNITY CENTRE HIRE

APPLICATION FORM

APPLICANT DETAILS	
APPLICANT NAME:	
ORGANISATION NAME:	
TYPE OF ORGANISATION: (Tick one option)	☐ Private/Individual (Represent a small group or an individual) ☐ Non-Profit (attach support doc's) ☐ For Profit/Commercial
POSTAL ADDRESS:	
PHONE (work + mobile):	
EMAIL:	
BUSINESS PO NUMBER: (Quote if required on invoice)	

EVENT DETAILS	
CASUAL BOOKING:	DATE:
REGULAR BOOKING:	DATE START: DATE END: ☐ MON ☐ TUE ☐ WED ☐ THU ☐ FRI ☐ SAT ☐ SUN ☐ WEEKLY ☐ FORTNIGHTLY ☐ MONTHLY ☐ OTHER (attach a list)
EVENT TIME: (Allow set-up/pack-up time)	TIME START: TIME END:
EVENT TITLE & TYPE:	TITLE: TYPE:
NUMBER OF GUESTS:	

FACILITIES REQUIRED (Please Tick)	
ROOM:	☐ ENTIRE CENTRE ☐ THE CHAMBERS ☐ CADIA ROOM ☐ STAGE ROOM ☐ KITCHEN ☐ BAR
REQUIREMENTS: (Please ref copyright conditions)	☐ LAPTOP ☐ PROJECTOR ☐ SCREEN ☐ MICROPHONE ☐ AUDIO (CD/I-pod) ☐ DVD ☐ TV ☐ WIFI
	☐ TEA & COFFEE ☐ LECTERN ☐ WHITEBOARD (Inc Pens/Duster) ☐ LIGHTING BOARD ☐ PIANO (Tuning hirers responsibility)
FURNITURE:	TABLE TYPE: (Round or Trestle) TABLES: (Qty) CHAIRS: (Qty)

OTHER INSTRUCTIONS (Use this space to advise any other requests e.g. table or wall configuration)

KEY HIRE	
NAME OF PERSON COLLECTING KEY:	

CHECKLIST / DECLARATION

Please tick. Any required documents not provided will delay the processing of your application.

- ☐ I have attached a copy of my Public Liability Policy.
- ☐ I confirm that the details provided are correct.
- ☐ As the hirer I shall ensure no drinks are taken onto the dance floor area during the event and acknowledge that I will be liable for costs relating to specific dance floor cleaning and specialist floorboard treatment, incurred by Council, if confirmed drinks have been taken onto the dance floor during the event.
- ☐ I have included the required payment.
- ☐ In signing this form I acknowledge I have read and accepted the Terms & Conditions of Hire.
- ☐ In signing this form I acknowledge that I am responsible for the key issued, and I may not lend or copy the key for a third party. I acknowledge that I have read and understood this form, Council's Conditions of Hire applying to the use of Halls, a copy of which has been supplied to me, and agree to be bound by them. Failure to agree to these terms may result in Council denying me access to the facility.

SIGNED: DATE:

FEES & CHARGES (In accordance with Council's Fees and Charges)		
SECURITY DEPOSIT (No GST):	$	Please complete Refund Details below *(Refundable per T's & C's)*
AUDITORIUM HIRE FEE*:	$	
MEETING ROOM HIRE*:	$	
KITCHEN HIRE*	$	
BAR HIRE*:	$	
TOTAL:	$	

SECURITY DEPOSIT REFUND DETAILS (EFT)		
ACCOUNT NAME:		**Payment is required prior to issue of keys**
BANK NAME:		**Fee subject to GST ***
BSB NO:		**Casual Hire** Fee to be paid at least seven (7) days prior to booking date, with a security deposit (refundable)
ACCOUNT NO:		

OFFICE USE (Job No. 12803700.130)					
FEE PAID:	$	RECEIPT No.		DATE:	

Council Details

Address: Blayney Shire Council
91 Adelaide Street, BLAYNEY NSW 2799
PO Box 62 BLAYNEY NSW 2799

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