

COMMUNITY CENTRE HIRE APPLICATION FORM



APPLICANT DETAILS	
APPLICANT NAME:	
ORGANISATION NAME:	
TYPE OF ORGANISATION: (Tick one option)	<input type="checkbox"/> Private/Individual (Represent a small group or an individual) <input type="checkbox"/> Non-Profit (attach support doc's) <input type="checkbox"/> 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: _____ <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN <input type="checkbox"/> WEEKLY <input type="checkbox"/> FORTNIGHTLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> 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:	<input type="checkbox"/> ENTIRE CENTRE <input type="checkbox"/> THE CHAMBERS <input type="checkbox"/> CADIA ROOM <input type="checkbox"/> STAGE ROOM <input type="checkbox"/> KITCHEN <input type="checkbox"/> BAR
REQUIREMENTS: (Please ref copyright conditions)	<input type="checkbox"/> LAPTOP <input type="checkbox"/> PROJECTOR <input type="checkbox"/> SCREEN <input type="checkbox"/> MICROPHONE <input type="checkbox"/> AUDIO (CD/I-pod) <input type="checkbox"/> DVD <input type="checkbox"/> TV <input type="checkbox"/> WIFI
	<input type="checkbox"/> TEA & COFFEE <input type="checkbox"/> LECTERN <input type="checkbox"/> WHITEBOARD (Inc Pens/Duster) <input type="checkbox"/> LIGHTING BOARD <input type="checkbox"/> 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.	
<input type="checkbox"/> I have attached a copy of my Public Liability Policy.	
<input type="checkbox"/> I confirm that the details provided are correct.	
<input type="checkbox"/> 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.	
<input type="checkbox"/> I have included the required payment.	
<input type="checkbox"/> In signing this form I acknowledge I have read and accepted the Terms & Conditions of Hire.	
<input type="checkbox"/> 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 (<i>Refundable per T's & C's</i>)
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 Fee subject to GST * Casual Hire Fee to be paid at least seven (7) days prior to booking date, with a security deposit (refundable)
BANK NAME:		
BSB NO:		
ACCOUNT NO:		

OFFICE USE (Job No. 32600080.104)				
FEE PAID:	\$	RECEIPT No.		DATE:

Council Details	
Address: Blayney Shire Council 91 Adelaide Street, BLAYNEY NSW 2799 PO Box 62 BLAYNEY NSW 2799	Website: www.blayney.nsw.gov.au Email: council@blayney.nsw.gov.au Phone: (02) 6368 2104