



VENUE HIRE APPLICATION FORM

The attached 'Conditions of Hire' form part of this application.

Organisation Details			
Name Organisation/Group			
Contact Name			
Daytime Phone No.		Mobile	
Email address			
Address for Correspondence	Post Code:		
Type of Organisation Group (Please tick)	<input type="checkbox"/> Profit making organisation	<input type="checkbox"/> Private individual or group	
	<input type="checkbox"/> Not for profit organisation		
Previously Used Venue	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Room Hire Details			
Type of booking	<input type="checkbox"/> Casual Booking <input type="checkbox"/> Regular Booking <input type="checkbox"/> Including School Holidays <input type="checkbox"/> Excluding School Holidays		
Date(s) / Day(s) Required, Time(s) Starting and Finishing			
Name of Room			
Purpose of Hire			
Activities undertaken			
Furniture / Resources			
No. Attendees		Attendees Age Range	
Name of Responsible Adult Attending		Mobile Number	
Designated First Aider		Mobile Number	
Public Liability Insurer		Certificate of Currency attached	<input type="checkbox"/> Yes <input type="checkbox"/> No

Agreement
<p>As the hirer, I hereby agree that the above information is correct and that I have read and understood and agree to abide by the Conditions of Venue Hire. I also agree to indemnify Woodrising Neighbourhood Centre Incorporated, its staff and volunteers and Management Committee members from and against any claim arising from any accident, loss, damage or injury to persons or property by reason of anything done or omitted to be done by the Hirer, its employees and any persons under its control or responsibility in connection with the usage of Woodrising Neighbourhood Centre Incorporated's, facilities.</p>

Signature		Date	
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Office Use Only			
Application accepted by		Date	
Application approved by		Bond taken	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
Total hire fee	\$	Alarm Code Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Keys Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Key Deposit Paid	
Date Keys Collected		Signed	
Date Keys Returned		Signed	
Receipt No.		Date	