**Community Venue**

**Hire Application**

**For the hire of** (BUILDING)

**HIRERS’ DETAILS**

|  |  |  |
| --- | --- | --- |
| 1 | Name in full (must be same as shown on PL Certificate of Currency) |  |
| 2 | Contact person |  |
| 3 | Do you give permission to release your details for enquiries | Yes / No (if yes circle and indicate which number in item 6) |
| 4 | Address (Home or principal place of business) |  |
| 5 | Postal address |  |
| 6 | Telephone | CONTACT 1:  CONTACT 2: |
| 7 | Email |  |
| 8 | Driver’s Licence Number |  |

**FACILITY DETAILS**

|  |  |  |
| --- | --- | --- |
| 9 | Name of room/s |  |
| 10 | Storage area (if applicable) |  |
| 11 | Proposed activity |  |
| 12 | No. of participants |  |

**HIRE DATES**

|  |  |  |
| --- | --- | --- |
| 13 | Commencement date |  |
| 14 | End date (must not exceed 30 June) |  |
| 15 | Payment Options (Select your preference for Invoicing) | Monthly  Quarterly |

**INSURANCE DETAILS**

|  |  |  |
| --- | --- | --- |
| 16 | Certificate of Currency for Public Liability has been provided | Yes  No |

*Please check your calendar for school and public holidays in relation to your hire.*

Do you want to include dates in School Holidays?  Yes  No

Do you want to include dates on Public Holidays?  Yes  No

Are you having a break over the December/January period?  Yes  No

If Yes, Last date in: Click here to enter a date.

First date in: Click here to enter a date.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hall/Room | Regularity i.e. weekly/monthly | Day of the week | Hours of Use  am/pm  (Including set up & pack up) | Use this column if you prefer to provide a list of your dates |
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**Return this form to the Facility Booking Officer.**

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|  |  |
| --- | --- |
| PEF Data:2017:Editing:Clients:SSC:Lease edit:Design:Icons:Purple:SSC 5.jpg | Signature |
| By signing you acknowledge you have been provided with a copy of, have read and accepted the terms of the hire agreement and accept responsibility for payment of fees and other charges that may arise.  The rights under this agreement are personal in nature and cannot be assigned to any other person. | |

1. **Individuals or groups other than an incorporated association or company**

Name (PLEASE PRINT)

🖊

Signature Date

1. **Incorporated associations**

Executed for registered number under section 22 of the *Associations Incorporation Act 2009.*

Name of authorised person (PLEASE PRINT)

Position (PLEASE PRINT)

🖊

Signature Date

🖊

Signature Date

1. **For a Company:**

*Executed by   ……………………….……………………………[ACN……………………………………..] in accordance with section 127 of the Corporations Act 2001*

🖊

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print Name)

🖊

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print Name)

Signature/s (Director and/or Secretary)

**Signed by Council pursuant to delegated authority dated 18/12/16 under sections 377 and 378 of the Local Government Act 1993.**

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

Signature

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Name and position (PLEASE PRINT)

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

Date