

**VENUE HIRE APPLICATION FORM****E-PR02**

The attached 'Conditions of Hire' (E-PR03) form is part of this application.

Organisation Details			
Name of Organisation/Group			
Contact Name			
Daytime Phone No.		Mobile No.	
Email Address			
Address for Correspondence			Post Code
Type of Organisation/Group <i>(please tick)</i>	<input type="checkbox"/> Business or Government department <input type="checkbox"/> Private individual or group <input type="checkbox"/> Not for profit organisation		
Reference details required on the invoice (if applicable)			

Room Hire Details			
Type of Booking <i>(Please tick)</i>	<input type="checkbox"/> One-off Booking <input type="checkbox"/> Recurring Booking <input type="checkbox"/> Including School Holidays		
Date(s) / Day(s) Required Time(s) Start and Finish			
Name of Room Booking <i>(Please tick)</i>	<input type="checkbox"/> Worrigee St Conference Room with Kitchenette (option available to divide into 2 meeting spaces) <input type="checkbox"/> Worrigee St Community Space (lounge area with kitchenette) <input type="checkbox"/> Worrigee St Outdoor Space (playground) <input type="checkbox"/> Worrigee St Office Space	<input type="checkbox"/> Park Rd Front Room <input type="checkbox"/> Park Rd Back Room <input type="checkbox"/> Park Rd Community Kitchen <input type="checkbox"/> Park Rd Office Space	
Purpose of Room Hire			
Number of participants			
Room set up	<input type="checkbox"/> Boardroom <input type="checkbox"/> U-Shape <input type="checkbox"/> Chairs only <input type="checkbox"/> Other		
Optional Extras <i>(additional fees apply)</i>	<input type="checkbox"/> Laptop Hire <input type="checkbox"/> TV Hire <input type="checkbox"/> Tea / coffee – quantity required		
Name of Facilitator		Mobile No.	
Public Liability Insurer		Certificate of Currency attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Expiry:

Agreement
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 Shoalhaven Neighbourhood Services Inc., 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 Shoalhaven Neighbourhood Services Inc.'s facilities.

Signature		Date	
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Please email completed application form with a copy of your Certificate of Currency to operations@sns.org.au

Comments	
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Office Use Only			
Application accepted	<input type="checkbox"/> Yes <input type="checkbox"/> No	Entered into calendar	<input type="checkbox"/> Yes <input type="checkbox"/> No
Application entered by		Date	
Keys required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alarm code required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date keys collected		Date keys returned	