

COMMUNITY HUB BOOKING APPLICATION

Name of group/hirer: _____

Contact Persons Name: _____ Family Name: _____

Address: _____

Postal Address: _____

Phone: _____ Mobile: _____

Email: _____

Purpose of hire: _____ Number of persons expected to attend: _____

Date/s required: _____

Times required: Start time: _____ End time: _____ Total hours of use: _____

Bookings required through the school holiday period? Yes No

Bookings required on public holidays? Yes No

Venue required (please tick)

Fairfield Community Room Fairfield	<input type="checkbox"/>
Donald Street Community Hall Preston	<input type="checkbox"/>
Clyde Street Community Hall Thornbury	<input type="checkbox"/>
Ruthven Community Room Preston	<input type="checkbox"/>

PLEASE NOTE:

- **Set up and clean up time must be included in the hire time.**
- **Bookings can be made either by mail, fax, and e-mail or in person.**
- **All fees for casual hire must be paid prior to use.**
- **For internal hire please supply GL number for internal journal. GL: / / / .**

I hereby acknowledge that I have received and read a copy of the Community Hubs Policy and Guidelines. I undertake on the application being granted, to comply in all aspects with premises at the time stated above and I expressly agree to indemnify the Mayor, Councilors and citizens of the City of Darebin its servants and agents in accordance with Community Hubs Policy and Guidelines. I understand that I and the group I represent are responsible for any loss or damage to the Facility and its contents and therefore agree to pay any costs incurred as a result of this loss or damage.

I also understand that as the hirer, I am responsible for the safety of all guests within the facility if an emergency situation were to arise.

Signed: _____ Date: _____

OFFICE USE ONLY	
DAREBIN BASED and NOT FOR PROFIT: <input type="checkbox"/> COMMERCIAL: <input type="checkbox"/> INTERNAL <input type="checkbox"/>	
HIRE FEE RATES \$ _____ BOND \$ _____ CLEANING \$ _____ INSURANCE \$ _____	
KEY/CARD ISSUED TO (NAME) _____ DATE: _____ CARD/KEY DETAILS _____	
PUBLIC LIABILITY INSURANCE: YES • NO •	
IDENTIFICATION SIGHTED: <input type="checkbox"/> TYPE: (e.g. licence, Medicare card) _____ Officer sign: _____	
KEY/CARD RETURNED: YES • NO • BOND RETURNED: YES • NO • DATE: _____	
January 2016	