

Jamieson Way Community Centre

APPLICATION TO HIRE AGREEMENT – 2018

PLEASE READ THE CONDITIONS OF HIRE 2018 BEFORE COMPLETING THIS FORM

| APPLICANT INFORMATION – CASUAL AND REGULAR HIRES | | | | | |
|--|-----------------------|------------------|--|--------------------------|----------------------|
| Name of Hirer: | | | | | |
| Group/Organisation Name: | | | | ABN: | |
| Contact Person: | | | | | |
| Phone/Mobile: | | | Website: | | |
| Email: | | | | | |
| Postal Address: | | | | Postcode: | |
| HIRE INFORMATION - CASUAL AND REGULAR HIRES | | | | | |
| Purpose of Hire: | | | | | |
| Casual Hire Only: Date of Function: _____ Arrival Time: _____ Departure Time: _____ <i>(Include all set up and pack up time)</i> | | | | | |
| Regular Hire Only: First Date of Hire: _____ Last Date of Hire: _____ | | | | | |
| Numbers Attending: _____ <input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Youth <input type="checkbox"/> Seniors <input type="checkbox"/> Disability | | | | | |
| Room Requested: <input type="checkbox"/> Hall <input type="checkbox"/> Community Room 2 <input type="checkbox"/> Club Room <input type="checkbox"/> Kitchen | | | | | |
| Additional Requirements: <input type="checkbox"/> PA System <input type="checkbox"/> Projector <input type="checkbox"/> Screen <input type="checkbox"/> TV <input type="checkbox"/> DVD Player <input type="checkbox"/> Microphone <input type="checkbox"/> Lectern | | | | | |
| Tables: Quantity Required: _____ Chairs: Quantity Required: _____ | | | | | |
| Will alcohol be provided at your function? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>For further information refer to www.vcglr.vic.gov.au</i> | | | | | |
| INSURANCE DETAILS - CASUAL AND REGULAR HIRES | | | | | |
| It is a requirement of Wyndham City that Public Liability Insurance for the event or activities held at the centre be in place prior to the commencement of hire. This must be provided by the hirer OR for casual hires purchased via WCC Public Liability Scheme. | | | | | |
| <input type="checkbox"/> A current Certificate of Currency is attached <input type="checkbox"/> I will purchase the Public Liability Scheme for Hirers insurance – CASUAL hires only <i>(fee and conditions apply)</i> | | | | | |
| HIRE DETAILS - REGULAR HIRES ONLY | | | | | |
| Frequency of hire: <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly - <i>(circle week)</i> 1st 2nd 3rd 4th Last | | | Will your program run during: School Holidays <input type="checkbox"/> Yes <input type="checkbox"/> No Public Holidays <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Day/s Required | Set Up Time (Arrival) | Class Start Time | Class Finish Time | Pack up Time (Departure) | Total Hours Per Hire |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

ADVERTISING RELEASE – REGULAR HIRES ONLY

Do you agree to JWCC advertising your program/class, releasing contact details (as supplied) in media including newsletters, Facebook, websites and on the centre noticeboards? Yes No

Do you agree to JWCC releasing contact details provided to the public in response to related inquiries? Yes No

Privacy Notification: The personal information requested is being collected by Jamieson Way Community Centre for associated booking purposes.

RELEASE AND INDEMNITY - CASUAL AND REGULAR HIRES

I/We have read and understand the Application to Hire Agreement and the Conditions of Hire 2018 and agree to comply with all conditions described therein.

I/We do hereby agree to release the Jamieson Way Community Centre Board of Management and Wyndham City from any liability whatsoever for any bodily injury, loss or damage which may be sustained or incurred as a direct result of the hiring at the community centre by me/us or the group/organisation which I/we represent.

I/We do agree to pay all fees in full.

I/we authorise Jamieson Way Community Centre Board of Management to use all or part of the bond already paid to pay for any damage or any work requiring to be carried out to the community centre because of the hire. I/we further agree to pay all and any amounts that exceed the amount of the bond lodged.

Print Name:

Date:

Signature:

OFFICE USE ONLY

Rate Category: Community/NFP Activity Provider Private

Hourly Rate:

Hire Type: Casual Regular Room/s Allocated: Hall CR 2 Club Room Kitchen

Regular Hires:

Copy of PL insurance attached – Expiry Date: _____ Expiry Date: _____

Key Code/s: Key Returned

Alarm Code: Alarm Code Deleted

| | | | |
|--|--|---|--------------------------------|
| Bond Payments | Room: \$ _____ | Key: \$ _____ | Other: \$ _____ |
| | Date Paid: _____ | Date Paid: _____ | Date Paid: _____ |
| Hire/Insurance Payments | _____ hrs @ \$ _____ ph | Insurance Fee applicable <input type="checkbox"/> | Total Payments Received |
| | Room Fee: \$ _____ | \$ _____ | |
| | Date Paid: _____ | Date Paid: _____ | \$ _____ |
| Bond Refunds | | | Notes: |
| Refund Approved <input type="checkbox"/> | Refund Type: <input type="checkbox"/> D/C <input type="checkbox"/> Chq | | |
| Date Refunded: _____ | Refund Amount: \$ _____ | | |