

# A Hire Application Form Manjimup Wellness & Respite Centre



**Name of club / organisation:** \_\_\_\_\_

Community Group / Charity     Commercial Hire     Private User     School     Government Organisation

**Contact person:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Postal address:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Nature of event:** \_\_\_\_\_  Public  Private **Number of attendees:** \_\_\_\_\_

**Venue:**     Conference Room     Commercial Kitchen     Meeting Room  
 Club Room     Therapy Room

**Type of hire:**     Casual     Ongoing     Annual

**Date of hire period:** \_\_\_\_\_ to \_\_\_\_\_ **Exclusion dates:** \_\_\_\_\_

### Event Booking Times

### Set Up / Pack Up Booking Times (if required)

	Event Booking Times	Set Up / Pack Up Booking Times (if required)
<b>Monday</b>	_____ to _____	_____ to _____
<b>Tuesday</b>	_____ to _____	_____ to _____
<b>Wednesday</b>	_____ to _____	_____ to _____
<b>Thursday</b>	_____ to _____	_____ to _____
<b>Friday</b>	_____ to _____	_____ to _____
<b>Saturday</b>	_____ to _____	_____ to _____
<b>Sunday</b>	_____ to _____	_____ to _____

**Facilities Required** (refer to information sheet (Form B) for further information about available facilities)

Projector / screen     Wi-Fi access     Tables\* \_\_\_\_\_ (number)     Chairs\* \_\_\_\_\_ (number)     Tea / coffee / milk

Other (please specify): \_\_\_\_\_ \*applies to conference room and club room only

### Forms, Permits & Licences

- Does your organisation have public liability insurance?     Yes     No (if yes, attach copy of certificate)
- Will food be sold, consumed or served during your hire?     Yes     No (if yes, attach permit if applicable)
- Will liquor be sold, consumed or served during your hire?     Yes     No (if yes, attach liquor licence and/or Form D)
- Do you wish to apply for a bond waiver?     Yes     No (if yes, attach Form D)
- Will your hire involve the use of commercial music?     Yes     No
- Is your hire after hours or on the weekend?     Yes     No (if yes, contact the Centre to make an appointment during working hours to collect key and undergo facility briefing)

### Hirer Declaration

The information supplied is true and accurate and I agree to the conditions of hire (Form C). I also agree to abide by State and/or Federal COVID safety directions as required.  
 I understand that this is a request application only, confirmation of booking will be sent once the application has been assessed.  
 I understand that under no circumstance are vehicles permitted to be driven or parked on Shire footpaths.

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### OFFICE USE ONLY

Added to calendar:     Booking confirmation sent:   
 Facility bond: \_\_\_\_\_ Waived?  Yes  No    Facility hire fee: \$ \_\_\_\_\_  
 Key bond: \_\_\_\_\_    Kitchen hire fee: \$ \_\_\_\_\_  
**Bond total:** \_\_\_\_\_  Paid  Refunded    Equipment hire fee: \$ \_\_\_\_\_  
 Cleaning fee: \$ \_\_\_\_\_  Cleaner notified  
 Briefing appt date: \_\_\_\_/\_\_\_\_/\_\_\_\_  N/A    A/hours surcharge: \$ \_\_\_\_\_  
**Booking total:** \$ \_\_\_\_\_  Invoiced



**Email, post or return completed form to:**

PO Box 1 / 37-39 Rose Street, Manjimup WA 6258

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