

# GOODWOOD

## COMMUNITY CENTRE

### CASUAL HALL HIRE AGREEMENT

NAME OF ORGANISATION / BUSINESS / HIRER:

NAME OF CONTACT PERSON:

ABN #

POSTAL ADDRESS:

POSTCODE:

EMAIL ADDRESS:

CONTACT NUMBER:

DISCOUNT STATUS: ☐ City of Unley Resident ☐ Registered Not for Profit/charity/School

#### BOOKING DETAILS

DATE/S REQUIRED:

DAY:

BOOKING START TIME:

BOOKING FINISH TIME:

*My hire times include time for set up and pack up; I will not access the Centre before my start time & I will leave at my finish time.*

ACTIVITY/FUNCTION TYPE:

ESTIMATED NO OF PEOPLE:

*(must not exceed maximum room capacity)*

#### AREA REQUIRED *(please tick)*

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Banquet Hall & Kitchen   | <input type="checkbox"/> Activity Hall  | <input type="checkbox"/> Both halls & kitchen | <input type="checkbox"/> Wall Opening   |
| <input type="checkbox"/> Board Room   | <input type="checkbox"/> Interview Room | <input type="checkbox"/> Community Office     | <input type="checkbox"/> Rosa St Office |
| <input type="checkbox"/> Green space & carpark *this space must be booked with the City of Unley Events team 83725111 or <a href="mailto:events@unley.sa.gov.au">events@unley.sa.gov.au</a> |   |   |   |

#### EQUIPMENT REQUIRED

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Data Projector | <input type="checkbox"/> PA System | <input type="checkbox"/> Wireless Microphone |
|---|------------------------------------|--|

#### ACKNOWLEDGMENT OF CONFIRMATION

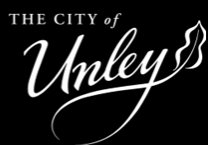
I/we hereby acknowledge that I have received, read and understood the City of Unley Community Centres Conditions of Hire (for all Hire Agreements) and agree to use these facilities in accordance.

I understand that:

- I am responsible for ensuring that the premises is left clean and tidy;
- I am responsible for any loss or damage to the facility and its contents and agree to pay any costs incurred as a result of that loss or damage;
- I will only use the facility within the agreed specified times & secure upon leaving and not exceed my agreed hire time; and
- I understand that upon receipt of this signed form, Conditions of Hire will be applied.
- I understand that fees and charges are subject to change

SIGNED \_\_\_\_\_ DATED \_\_\_\_\_

OFFICE USE ONLY	<input type="checkbox"/> Entered in Calendar	<input type="checkbox"/> Copy of Insurance	<input type="checkbox"/> Invoiced	<input type="checkbox"/> Invoice paid
	<input type="checkbox"/> Orientation date	<input type="checkbox"/> Proof of Not for Profit	Debtor # _____ Fees \$ _____	
	<input type="checkbox"/> Keys Collected	<input type="checkbox"/> Keys Returned		



**GOODWOOD COMMUNITY CENTRE**

32-34 ROSA STREET, GOODWOOD

Phone 8372 5143 | [unley.sa.gov.au/gcc](http://unley.sa.gov.au/gcc)