

Name of Hirer / Organisation					
Type of Entity	<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Not-for-Profit				
Contact Name				<input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr	
Address	<input type="checkbox"/> Home <input type="checkbox"/> Work				
	Address Line 1				
	Address Line 2				
	Suburb		State		Postcode
Postal Address	<input type="checkbox"/> Same as above (skip)				
	Address Line 1				
	Address Line 2				
	Suburb		State		Postcode
Email Address					
Phone Number(s)	Business Hours		Afterhours		Mobile

Purpose of Hire					
Type of Hire	<input type="checkbox"/> Social <input type="checkbox"/> Regular <input type="checkbox"/> Not-for-Profit				
Room Required	<input type="checkbox"/> Hall <input type="checkbox"/> ELC <input type="checkbox"/> Art Studio <input type="checkbox"/> Room 4 <input type="checkbox"/> Room 1* <input type="checkbox"/> Room 2* <input type="checkbox"/> Room 3*				
Day(s) of Week	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday				
Dates Required	/ /	/ /	/ /	/ /	/ /
	/ /	/ /	/ /	/ /	/ /
	<input checked="" type="checkbox"/> More dates (please use "Comments" section)				
Time of Hire	From	:	<input type="checkbox"/> AM <input type="checkbox"/> PM	Until	:
Driver's License - photocopy	<input type="checkbox"/> Attached <input type="checkbox"/> Licence Number _____				
No. of Attendees					
Insurance	<input type="checkbox"/> Own Public Liability Insurance (copy must be provided with this form); OR <input type="checkbox"/> Hall Hire Public Liability ⇨ <input type="checkbox"/> With Alcohol (\$33.00) <input type="checkbox"/> Without Alcohol (\$16.50)				
Requirements	Sole Use of Kitchen**	<input type="checkbox"/>	Other**	<input type="checkbox"/> Data Projector <input type="checkbox"/> Data Screen <input type="checkbox"/> Whiteboard (Office hours only)	
Comments					

* Options: (a) Single room / (b) Combination of Rooms 1 & 2 OR 2 & 3 / (c) Combination of all rooms.

** Hire fees apply



Would you like to advertise through us? *	
<input type="checkbox"/> Yes – contact me!	<input type="checkbox"/> No

Would you like catering for your event/function?	
<input type="checkbox"/> Yes – contact me!	<input type="checkbox"/> No

* Regular hirers only.

PartySafe Registration	<p>The Victoria Police Partysafe Program is about minimising the risks to safety at parties such as violence, intoxicated guests, or gatecrashers so that hosts and their guests can stay safe and have fun.</p> <p>The program allows you to register your party with the police online or at your local police station. The registration form is important to ensure police are aware of the event and can provide timely assistance if things start to get out of hand.</p> <p>Direct link for online applications: http://www.police.vic.gov.au/content.asp?Document_ID=35927</p> <p>For more information or to download a form for registering at the nearest police station to the venue (Croydon Police Station), visit http://www.police.vic.gov.au/ and, on the left hand-side of the screen:</p> <ol style="list-style-type: none"> 1. Click on “Initiatives and Programs” 2. Click on “Victoria Police Partysafe Program” 3. Towards the bottom of the page, there are links to several documents including the Victoria Police Partysafe Program Registration Form (PDF) 		
	<p>PartySafe registration is a mandatory requirement for facility hire at Yarrunga Community Centre. Business hires are exempted.</p>		
	<input type="checkbox"/> I have completed the PartySafe registration process.	<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">Registration ID</td> <td style="width: 30%;"></td> </tr> </table>	Registration ID
Registration ID			

Acceptance of Room Hire Agreement Acknowledgement	
<p>I acknowledge that:</p> <ul style="list-style-type: none"> • I have read and understood the conditions of Hiring the Room. • Where the Hirer is a company or an incorporated association, I am authorised by the Hirer to complete this application form on their behalf. • I understand that, by signing this form, I am personally responsible for ensuring that users comply with the conditions of hiring. Should the users breach any of the Room Hire Conditions, I shall be personally responsible for any such breaches, including any damage to the Room. • If I contact the afterhours Yarrunga Community Centre emergency number and I am found to be at fault, I understand that I will be responsible for all associated charges. 	
Full Name	
Signature	
Date	/ /

How did you hear about us?
<input type="checkbox"/> Course Guide <input type="checkbox"/> Social Media <input type="checkbox"/> Website <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Halls for Hire <input type="checkbox"/> Other (please specify): <p>.....</p> <p>.....</p>

• OFFICE USE ONLY

(Must be filled out)

Room Hire Fees	\$
Bond	\$ 300.00
Insurance Fee <i>(if applicable)</i>	\$
Other Fees <i>(if any)</i>	\$
Total Fees	\$
Copy of Driver's Licence	<input type="checkbox"/>

Public Liability Certificate No.	
Date Deposit Paid	/ /
Receipt No.	
Date Deposit Refunded	/ /
Amount Refunded	\$

Comments *(if any)*