



General Hire of Arrabri Community House Agreement

Hirer - Name/s _____

Contact Name _____

Business Address _____

Invoice Address _____

Email Address _____

This address will be used for all correspondence including invoices

Telephone (M) _____ (B) _____

Purpose of Hire _____

Room/s Required Lavender Kitchen Yellow

Burgundy Green Multipurpose

Day/s & Date/s Required

Times Required

Term 1: _____

Term 2: _____

Term 3: _____

Term 4: _____

Attach Schedule if required

Is set up time required: Yes No How long: _____

Is pack up time required: Yes No How long: _____

Number of People Attending (approx.): _____

Special Requirements: _____

Additional Information: _____

Will alcohol be on the premises during the hire Yes No

Do you have Public Liability Insurance? Yes (copy to be provided) No

If No, Public Liability Insurance to be purchased through Arrabri.

OFFICE USE ONLY

Hourly Rate: \$ _____ No of hours: _____ Total \$ _____
Public Liability Insurance \$ _____

Total Costs \$ _____

UNDERTAKING

I/We _____

(Name/s in full)

1. Confirm that I/we have read and understand the **Conditions of Hire** and do unconditionally accept these conditions as may be applicable to this hire
2. Agree to observe and abide by the Conditions of Hall Hire.
3. Confirm that the information contained in this application for Hall Hire is true and correct and forms part of the agreement.
4. Have provided a copy of the organisation's Public Liability policy or have purchased Public Liability Cover from Arrabri Community House Inc.
5. Agree to collect a key from the main office at a date and time agreed upon and sign the key out.
6. Agree to return and sign the key back in on the next business day at completion of the hire.
7. Agree and acknowledge that in the event of this key being lost I/we are financially liable not only for my key but replacement of all keys affected and changing of all associated locks.
8. Agree and acknowledge that I/we are responsible for any charges levied relating to security callouts to the premises during period of hire, as may be deemed necessary by the Manager or duly authorised person. Such charges will be invoiced to the Hirer.

Signed:	_____
Dated:	_____
Drivers licence number:	_____
Checked at Arrabri by	
Name in Full:	_____
Position:	_____
Signature:	_____
Date:	_____

Arrabri Community House Inc is committed to the privacy principles as prescribed by the Information Privacy Act and Health Records Act. Your information on this form is for the sole purpose and use of Arrabri Community House Inc. The data will be kept confidential and identifying information will not be disclosed for any other purpose except as required by law.