

KNC Booking Form

Room Hire 2021

Date of Booking					
Name of Event/Organisation					
Contact person					
Address:					
Phone:			Bank Details (For bond return)		
Email:			Account Name		
			BSB:		Ac No:
Type of Event/Activity					
Number of Attendees					
Chosen Venue			Auditorium		Workshop/Craft Room
<i>Please tick room/s required :</i>			Meeting Room		Interview Room
Hiring Times			Start Time :		Finish Time :

Please note hiring times must include setting up of room and cleaning of room
(Times must be strictly adhered to. Call outs from our security service regarding early opening or late closing will attract an extra fee. For this reason be very clear about your times).

More than a one-off? Start and End Date for multiple bookings	<u>ROOM BOOKING DATE(S)</u>		Will activity continue during School Holidays? YES/ NO
	Start Date: _____	End Date: _____	
	c Every week, Day: _____	_____	
	c Every fortnight, Day: _____	_____	
	c Every month, Day: (eg 3 rd Tues) _____	_____	
	c Every 2 nd month, Day: _____	_____	

Will alcohol be consumed (<i>Please circle</i>)	Yes	No
Are you hiring any equipment or employing another organisation to provide music, entertainment, DJ, catering equipment, caterers, etc.	Yes	No
If you answered "Yes", have you provided a copy of their Public Liability Insurance/Certificate of Currency ?	Yes	No

If having music/entertainment provide details:	
--	--

Audio Equipment Package Required (<i>Auditorium only, includes all equipment listed below</i>) (<i>Please tick</i>)	
--	--

Do you wish to use other equipment? : (<i>Please tick</i>)					
TV & DVD		Projector, laptop, screen		Microphone & Speaker	
Tables		No. required		Chairs	No. required

Exp.Cert.ofCurrency	Bond :	Hourly Rate:	Total Hire :	Total with Bond
	\$	\$	\$	\$
Key Issued :	Yes/No	Key Number:	Key Returned:	Date:

Please provide us with a copy of your Public Liability Insurance Certificate of Currency with this application.

If, for reasons beyond the control of the Board, a booked room is unavailable to a hirer, then the Board will not be held liable for any financial loss or inconvenience to the Hirer.

I/We are agreeing to the Hire Agreement which accompanies this Booking Form.

Signature **Date**



KNC Agreement for Room Hire 2021

1/20 Kincumber Street
 PO Box 6268 Kincumber 2251
 T 02 4363 1044 F 02 4369 6721
manager@kincumberdnc.com.au
www.kincumbernc.com.au
 ABN 58 950 389 502

Kincumber Neighbourhood Centre will use its best endeavours to maximise community use of the facility, making it accessible to community members and community groups in an equitable way, and in accordance with community needs, Department of Family and Community Services' priorities and Gosford City Council requirements.

This agreement is made on the..... day of 20.....

BETWEEN	The Board of Management, Kincumber Neighbourhood Centre		
	Unit 1/ 20 Kincumber Street, Kincumber		
AND			
HIRER : Name of Group/Organisation			
Representative's Name in Full			
Address :			
Term of Agreement (12 Months Maximum Based on Calendar Year)			
Agreed Rate of Hire			
Do you still have a key?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Key Number:			
Are you satisfied with the ease of access to the venue?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Comments or any recommended improvement?			

I/We have read the Hire Agreement and agree to all conditions set down in same

Signature: Date:

KINCUMBER NEIGHBOURHOOD CENTRE – BANKING DETAILS	
Bank :	Bendigo Bank
BSB	633000
Account Number	159961820
Please put your last name as a reference on the transfer to identify the booking.	

OFFICE USE ONLY

Kincumber Neighbourhood Centre Inc Board of Management	
Representatives name (in full)	
Signature:	Date: