|  |
| --- |
| Date: ..................................... Organisation: ......................................................................................  Contact: ...................................................................Position: .............................................................  **Name of** person responsible for payment: .........................................................................................  **Invoicing address**.................................................................................................................................  ...........................................................................................................................Postcode...................  Telephone: ...................................Mobile: ...........................................Fax: .......................................  Email address: ..................................................................................................................................... |

#### 

|  |
| --- |
| **INSURANCE POLICY**  All users must have current public liability insurance cover. The hirer is legally liable for injury or property damage arising from the hirer’s usage of the facility. Failure to have appropriate cover may result in the facility not being available for use.  Photocopy of Public Liability Insurance certificate attached. Cover amount $..................... |

|  |
| --- |
| **SERVICES BEING OFFERED**  Please indicate Number of expected attendees: ........................  Please describe type of service being offered or purpose of hire: ........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................ |

**Please tick which type of room you would like to book:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Small Meeting Room |  | McKenzie Cottage Office |
|  | Sunroom |  | Portable Class Room |
|  | Garden House Kitchen |  | Computer Room |
|  | Garden House Room 2 |  |  |
|  | Garden House 3 |  |  |

Name of person responsible/ using room: ..............................................................................................

Contact telephone number/s:..................................................................................................................

**Please tick which fee applicable:**

|  |
| --- |
| **FEE SCHEDULE: Classroom/Forum Room** |
| 🞏 $ 50.00 for per room for ½ day hire (9am-12.30pm or 1pm-4.30pm or 5pm-9pm)  🞏 $100 for full day  🞏 $400 for 5 days (5 consecutive days during business hours)  🞏 Community rate as pre-arranged with Centre Manager. $ .......................... |
| Payment term 30 days, an account will be mailed at the end of the month |

|  |
| --- |
| **BOOKING DETAILS :** |
| **Ongoing booking(s):**  Weekly Fortnightly Monthly Bi-monthly  Day/s: Mon Tues Wed Thurs Fri Sat Sun |
| **Time:** Start: ...................am/pm Finish: am/pm |
| **Dates:** From: ........../........../……………… to ........../........../………………. |
| Number of expected attendees: |
| **One-off booking:**  **Time:** Start: ................ am/pm Finish: ....................am/pm |
| **Day/s:** Mon Tues Wed Thurs Fri Sat Sun |
| Number of expected attendees: |
| **OTHER INFORMATION**  If you have specific information relevant to this booking please list below: ......................................................................................................................................................................................................................................................................................................................................................................................................................................................................................... |

**CANCELLATION FEES**

More than 24 hours’ notice No Charge

Less than 24 hours’ notice Half Fee

No notice received Full Fee

**TENTATIVE BOOKINGS**

Tentative bookings will be held for (5) business days only.

**ACCESS**

Phillip Island Community and Learning Centre’s normal hours of business are from 9am to 3pm, Mon-Fri. Access arrangements will need to be organised for bookings outside these hours.

**Please read carefully the following conditions of hire. Join us in our efforts to keep this community facility clean and welcoming.** A professional cleaner comes once a week. During the week we rely on people using the facility to maintain a reasonable standard of cleanliness and order. Please report any damage or untidiness to reception.

**ROOM SET UP**

Hirers are to use **only** those areas **negotiated at the time of booking**.

Room set up is the responsibility of the hirer.

At the end of use, rooms are to be returned to the original condition/layout. Table tops cleaned and floors swept if required after the session.

**Equipment & Venue Usage:** All equipment, resources and facilities are to be used in an appropriate manner. Any costs sustained by PICAL as a result of the misuse or non-compliance of the above will be **passed on to the hirer.**

**Room hire:** Hirers are to be mindful of the impact of their activity on others using the premises and respect their space. Hirer/Participants are not permitted to enter rooms used by other people/groups.

**Children** must be actively supervised at **all times** by a responsible adult while on the premises and in the surrounding grounds.

**Security:** The hirer must familiarise themselves with the security procedure to be followed at PICAL. Rooms are to be left secure upon vacating buildings.

**Cleaning:** Premises must be left clean. Depending on the nature of your activity, please check the toilets, ensure floor swept and table tops wiped down, all crockery/utensils washed and put away and furniture put back into place.

**Leaving premises:** Please ensure when leaving the premises, the lights, air conditioners, heaters and other appliances are switched off.

I have read the above conditions and agree to comply. (please initial) \_\_\_\_\_\_\_\_\_

**PROMOTION**

Sandwich boards can be placed on the premises at your own risk.

Permanent signs can be placed at your own expense, by arrangement with the Centre Manager.

Advertising in our publications at your own expense, by arrangement with the Centre Manager.

I have read, accept and agree to abide by the above conditions and agree to abide by them in full.

**Name (please print) ........................................................................**

**Signed: ............................................................................................ Date: ......................................**

**Your application for use of the Phillip Island Community and Learning Centre facility has been -**

Approved Not approved

Centre Manager: ................................................................................. Date: ......................................

56 - 58 Church Street, Cowes , 3922 **Postal address:** PO Box 116, Cowes 3922

**Tel:** 5952 1131 Email: [manager@pical.org.au](mailto:manager@pical.org.au) ABN 28 741 337 671