



FUNCTION ROOM HIRE FORM

Organisation Name: _____

ABN: _____

Full Name: _____

Email: _____

Phone | Mobile: _____

Individual

Incorporated Association

Registered NFP

IAHA Member

Government

Postal Address: _____

Suburb | State | Postcode: _____



Contact person on the day: _____

Email: _____

Phone | Mobile: _____



FUNCTION ROOM HIRE FORM (CONTINUED)

One-Off Booking

Date of the Event: _____

Start Time: _____

Finish Time: _____

Regular Bookings

Dates of the Event: _____

Frequency: _____

Start Time: _____

Finish Time: _____

Function Details | Additional Information: _____

***NOTE: Function Room Hire is \$60 per hour with a minimum of 2 hours.
Half-day (4 hours) rate at \$200.
Full-day (8 hours) rate at \$350.***



FUNCTION ROOM HIRE FORM (CONTINUED)

Number of Staff: _____

Number of Guests: _____

Total Attendees: _____

Additional Information: _____

Kitchen Required

NOTE: Only basic kitchen equipment is supplied, and the hirer is responsible for cleaning up after use.

Equipment Required

NOTE: Electronic whiteboard is free of charge.

Dual monitors and speakers is \$70

Package: Includes all equipment, WiFi, and virtual meeting capabilities (e.g. Zoom, Teams, WebEx, Skype etc.) is \$100

Electronic Whiteboard

Package: Includes all equipment, WiFi, and virtual meeting capabilities

Dual Monitors



FUNCTION ROOM HIRE FORM (CONTINUED)

COVID-19 Compliance:

Signed COVID-19 Safe Event Checklist attached

NOTE: The event must comply with current Public Health Directions at the time of the event.

Additional Information:



Authorisation Required

NOTE: By signing this document, you confirm that you understand and will abide by the Terms and Conditions.

Signature:

Print Full Name:

Date of Signature:



FUNCTION ROOM HIRE FORM (CONTINUED)

OFFICE USE ONLY

Checked and Approved Invoice Number: _____

Bond Received Deposit Received

Additional Information: _____



Authorisation Required

Signature: _____

Print Full Name: _____

Date of Signature: _____