

**Vancouver Arts Centre
Occasional Room Hire Booking Form 2017/2018**

BOOKING INFORMATION

Organisation _____
Contact Name _____
Postal Address _____
Phone & Mobile _____
Email _____

BOOKING CONTACT (if different from above)

Contact Name _____
Phone & Mobile _____

EVENT DETAILS

Description of event type (workshop, conference, lecture etc) and primary use of space

DATE/S: _____

SESSION TIME*:

- 9.30am – 12.30pm
- 1.00pm – 4.00pm (Must vacate by 4pm)
- All Day 9:30 – 4.00pm (Must vacate by 4pm)

VAC Opening hours/ M-F 9am-4pm /S 10am-3pm /Closed Sunday

*Sessions that fall outside of standard business hours can only be booked by arrangement.

IS A COPY OF YOUR PUBLIC LIABILITY INSURANCE ATTACHED?

- Yes No
-

ROOM PREFERENCE:

- Large Meeting Room 11.4m x 7.8m
- Studio 3 (upstairs) 6m x 3.5m
- Courtyard Studio 4.7m x 4m
- Annex 10m x 5m

Please discuss your requirements with admin staff – i.e.: How many people will attend, style of function etc. We can recommend the most suitable space for you.

REQUIREMENTS:**NO OF PEOPLE:** _____**NO OF CHAIRS:** _____**NO OF TABLES:** _____**OTHER REQUIREMENTS*:** Data Projector \$110 per day Easels \$10 per day

*Items available upon request

Room setup is the responsibility of the hirer – please allow adequate time for setup and pack down in your booking.

CONDITIONS OF USE**By signing this form you agree to the following conditions.**

1. Refunds for cancellations are only issued in extenuating circumstances after approval by administration.
2. Charges are set by City of Albany in July each year and fees will be adjusted accordingly.
3. No smoking is permitted within the building, or within 5 metres of the building.
4. No alterations are to be made to the fabric of the building and nothing is to be adhered to paintwork.
5. Rooms are to be left clean and returned to their original state.
6. Equipment to be handled with care as damage incurred during hire will be charged to the customer.
7. Customers to vacate rooms within the allocated session time.

SIGNATURE

Signed: _____

Name: _____

Date: _____

*OFFICE USE ONLY:**Receipt No.**Invoice Request to Accounts**Entered into Daily Planner**Checklist/s sent*Department of Local Government, Sport and Cultural Industries
Department of Primary Industries and Regional Development