

BOOKING REQUEST FORM



Please note you must read and agree to the terms and conditions in the following pages. This form is a request form only, your booking will not be confirmed until you have received the 'Booking Confirmation' email or fax.

BOOKING REFERENCE NO:

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SECTION ONE - CONTACT DETAILS

Hirer/Group Name			
Contact Name			
Address			
Phone		Phone (during event)	

SECTION TWO - EVENT DETAILS

Date of Event/...../..... To/...../.....	Est. Number of Attendees	
Indicate dates if this a recurring event ?			
Area Required	<input type="checkbox"/> Performance Space	<input type="checkbox"/> Music Studio	<input type="checkbox"/> Visual Arts Room
Time of arrival	Start	Finish	
(extra costs may be incurred if hire period is exceeded)			
Description of Event			

SECTION THREE - EVENT REQUIREMENTS

Disability Access	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
<input type="checkbox"/> Performance Space	<input type="checkbox"/> Visual Arts Room	<input type="checkbox"/> Music Studio	<input type="checkbox"/> Extras
<input type="checkbox"/> Lighting	<input type="checkbox"/> Easels	<input type="checkbox"/> Protocols	<input type="checkbox"/> Security ³
<input type="checkbox"/> Sound	<input type="checkbox"/> Art Tables/Chairs	<input type="checkbox"/> Microphones	<input type="checkbox"/> Cleaning
<input type="checkbox"/> Staging ¹		<input type="checkbox"/> Stage Recording	<input type="checkbox"/> Catering
<input type="checkbox"/> Overhead Projector	¹ stage plots must be submitted 10 working days prior to event		
<input type="checkbox"/> Chairs ²	² indicate number of chairs/tables required		
<input type="checkbox"/> Tables ²	³ for events outside normal business hours, security must be included (unless other arrangements have been made)		

OFFICE USE ONLY

HOURS	RATE	FEE	Booking Confirmed	/	/
	/hr		<input type="checkbox"/>	/	/
Security Fee			<input type="checkbox"/>	/	/
Technician Fee			<input type="checkbox"/>	/	/
Total Fee			<input type="checkbox"/>	/	/
Booking Accepted		Insurance Viewed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

This form is to be faxed to Regional Youth Support Service on (02) 4323 3796.