



2019 Permanent Hirer Application



THIS APPLICATION WILL NOT BE PROCESSED UNLESS THE FORM IS FILLED OUT COMPLETELY

ORGANISATION NAME: _____

ACTIVITIES PROPOSED: _____

CONTACT PERSONS NAME: _____

ADDRESS: _____

POSTCODE: _____

EMAIL ADDRESS: _____

CAN WE USE THIS EMAIL ADDRESS TO FORWARD MONTHLY INVOICES TO YOU ? YES NO

CAN WE SEND YOU OTHER LYREBIRD INFORMATION VIA EMAIL ? YES NO

TELEPHONE: (H) _____ (B) _____ (M) _____

PUBLIC LIABILITY INSURANCE: PLEASE PROVIDE US WITH A COPY OF YOUR CERTIFICATE OF CURRENCY

NAME OF INSURER _____

POLICY NUMBER _____ EXPIRY DATE: _____ / _____ / _____

BOND: A \$500 Security Bond and a \$20 Key Bond (if applicable)
will be charged at the commencement of hiring.

HALL / ROOM REQUIRED:

- | | | | | | |
|-----------------|--------------------------|-----------------|--------------------------|------------------|--------------------------|
| Lyrebird Hall | <input type="checkbox"/> | Kingfisher Hall | <input type="checkbox"/> | Hummingbird Room | <input type="checkbox"/> |
| Lyrebird 1 Room | <input type="checkbox"/> | Cockatoo Room | <input type="checkbox"/> | Partridge Room | <input type="checkbox"/> |
| Lyrebird 2 Room | <input type="checkbox"/> | Kitchen | <input type="checkbox"/> | Back Office | <input type="checkbox"/> |

DAYS REQUIRED:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

TIMES REQUIRED:

- From: _____ To: _____
- From: _____ To: _____
- From: _____ To: _____
- From: _____ To: _____
- From: _____ To: _____
- From: _____ To: _____
- From: _____ To: _____

COMMENCEMENT DATE:

CONCLUSION DATE:

PLEASE CIRCLE DAYS REQUIRED ON 2019 CALENDAR BELOW:

Public Holidays

School Holidays

January

M	T	W	T	F	S	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Inv No: _____ \$ _____

February

M	T	W	T	F	S	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

Inv No: _____ \$ _____

March

M	T	W	T	F	S	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Inv No: _____ \$ _____

April

M	T	W	T	F	S	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Inv No: _____ \$ _____

May

M	T	W	T	F	S	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Inv No: _____ \$ _____

June

M	T	W	T	F	S	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Inv No: _____ \$ _____

July

M	T	W	T	F	S	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Inv No: _____ \$ _____

August

M	T	W	T	F	S	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Inv No: _____ \$ _____

September

M	T	W	T	F	S	S
30						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

Inv No: _____ \$ _____

October

M	T	W	T	F	S	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Inv No: _____ \$ _____

November

M	T	W	T	F	S	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Inv No: _____ \$ _____

December

M	T	W	T	F	S	S
30	31					1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

Inv No: _____ \$ _____

AGREEMENT: I/we hereby undertake to abide by the Permanent Hire Agreement (a copy of which has been supplied to me/us) as well as Council's Local Law provisions regarding noise. I/we also agree to inform Centre Management in writing, and at least 30 days prior to the date, of any changes, additions or cancellations concerning bookings. I/We further agree to be responsible for any costs incurred over and above the Security Bond held.

I/We _____, by clicking on the "Sign & Submit button below, agree to the conditions of hire as set out above.

BOOKING OFFICERS SIGNATURE: _____ **DATE:** ____ / ____ / ____

- Please return completed form to 203-205 Lyrebird Drive, Carrum Downs, 3201.
- An account will be forwarded **monthly in advance** for the Venue Hire and must be paid according to the terms as indicated on the invoice.
- All fees are subject to an increase in the future at the discretion of Management.

OFFICE USE ONLY:

Key Number 11. _____	Date Out: _____ (staff)	Returned Date: ____ / ____ / ____ (staff)
Security Code: _____	\$ _____	User Number: _____
Security Bond Received _____	—	Returned Date: ____ / ____ / ____ (staff)
Key Bond Received _____	\$ _____	Returned Date: ____ / ____ / ____ (staff)

CALCULATION OF CHARGE PER SESSION: _____