



2026 Permanent Hirer Application



APPLICANT NAME: _____

ACTIVITIES PROPOSED: _____

CONTACT PERSONS NAME: _____

ADDRESS: _____

POSTCODE: _____

EMAIL ADDRESS: _____

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

TELEPHONE: (M) _____ (B) _____

IS THE APPLICANT A COMMUNITY BASED ORGANISATION? YES NO

If yes, please attach evidence (A community based organisation is defined as being registered under the Association Incorporation Act 1981 and/or registered as a non profit group according to the Australian Taxation Office Guidelines)

PUBLIC LIABILITY INSURANCE:

Please provide us with a copy of your Certificate of Currency for a minimum coverage of \$10 million

NAME OF INSURER _____

POLICY NUMBER _____ EXPIRY DATE: _____ / _____ / _____

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

HALL / ROOM REQUIRED:		DAYS & TIMES REQUIRED:	
(PLEASE INCLUDE SET UP, PACK UP & CLEANING)			
Lyrebird Hall	<input type="checkbox"/>	Monday	<input type="checkbox"/> From: _____ To: _____
Kingfisher Hall	<input type="checkbox"/>	Tuesday	<input type="checkbox"/> From: _____ To: _____
Hummingbird Room	<input type="checkbox"/>	Wednesday	<input type="checkbox"/> From: _____ To: _____
Partridge Room	<input type="checkbox"/>	Thursday	<input type="checkbox"/> From: _____ To: _____
Lyrebird 1 Room	<input type="checkbox"/>	Friday	<input type="checkbox"/> From: _____ To: _____
Lyrebird 2 Room	<input type="checkbox"/>	Saturday	<input type="checkbox"/> From: _____ To: _____
Cockatoo Room	<input type="checkbox"/>	Sunday	<input type="checkbox"/> From: _____ To: _____
Small Office	<input type="checkbox"/>	COMMENCEMENT DATE: _____ / _____ /2026	
		CONCLUSION DATE: _____ / _____ /2026	

Please return completed application to:

Lyrebird Community Centre, 203-205 Lyrebird Drive, Carrum Downs.

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.

Hire Fees are subject to change at the discretion of the Board of Management.

PLEASE CIRCLE ALL DAYS REQUIRED ON THE 2026 CALENDAR BELOW:

WILL YOU BE ATTENDING THE VENUE ON PUBLIC HOLIDAYS AND
DURING SCHOOL HOLIDAYS?

YES NO

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
			2	3	4	5
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

Inv No: _____ \$ _____

April

M	T	W	T	F	S	S
			1	2	3	4
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
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
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	30

Inv No: _____ \$ _____

September

M	T	W	T	F	S	S
			1	2	3	4
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: _____ \$ _____

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
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
			1	2	3	4
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: _____ \$ _____

HIRER'S SIGNATURE: _____

DATE: _____ / _____ / _____

LYREBIRD MANAGEMENT: _____

DATE: _____ / _____ / _____

OFFICE USE ONLY:

COST PER HOUR / CHARGE PER SESSION:

NOTES: