



NORTHCOTE AND PRESTON LIBRARY MEETING ROOM BOOKING FORM

CONTACT DETAILS

Name of organisation: _____

Address: _____

Contact person: _____

Contact phone numbers: Business: _____ After Hours: _____

Email: _____

MEETING DETAILS

Meeting room required: Northcote Library Preston Library

Dates and times requires: _____
(more space over page) _____

Purpose of the program/function/meeting: _____

Number of people attending: (please tick) 0-10 11-20 21-30

Please tick which of the following you require:

Chairs No Yes, number of chairs required: _____

Tables No Yes, number of tables required: _____

Lectern No Yes

AV equipment No Yes

AV cables No Yes

Is the group a not-for-profit organisation? No Yes

Does the group have Public Liability Insurance? No Yes

If 'Yes', please supply your Public Liability Insurance Certificate.

PAYMENT DETAILS (SEE PAGE 2 FOR SCHEDULE OF FEES)

Total booking fee \$ _____

Payment details: (please tick) Cash Eftpos Cheque Community Grant Internal Journal

TERMS AND CONDITIONS

This is an application to apply for room hire. Completion of this application does not necessarily mean approval will be given. All bookings will be confirmed in writing. **Cancellation of any booking must be made 24 hours before the date of hire.** The Hirer agrees to indemnify and to keep indemnified, the Council, its servants and agents, and each of them from and against all actions, costs, claims, charges, expenses, penalties, demands and damages whatsoever which may be brought or made or claimed against them, or any of them in connection with the Hirers performance or purported performance of its obligations under this Agreement and be directly related to the negligent acts, errors or omission of the Hirer. The Hirers liability to indemnify the Council shall be reduced proportionally to the extent that any act or omission of the Council, its servants or agents, contributed to the loss or liability.

Please note: Set up, finishing and cleaning time must be included in the hire time.

I hereby acknowledge that I have read the policies and guidelines document and agree to comply with all aspects of the information outlined.

SIGNED: _____ DATE: _____

PRINT NAME: _____

The completed form can be faxed to: 9261 4859, emailed to: library.meetingroom@darebin.vic.gov.au, or mailed to: Executive Officer, Darebin Libraries, P.O. Box 257, Preston, 3072, Tel: 1300 655 355.

