

Room Hire Application

By submitting this application form you are confirming that you have read and understood the Libraries ACT Learning Facilities hire policy and conditions of use.

1: Hirer Details

Date:		Library Membership No:	
First name:		Last name:	
Organisation:		Email:	
Preferred business hours contact phone number		Mailing Address:	

2: Event Details

Name of Event	
Does this event result in a learning outcome (yes/no)?	
Please give a brief description of how the events result in a learning outcome.	
Date of event (for recurring events please list all required dates)	
Start time	
Finish time	
Contact telephone number for day of event	
Contact telephone number for queries around the booking and free payment if different from hirer	

3: Venue Details

Community Room Location (please see conditions of use for Community Room Locations)	
Expected number of participants	
User Group (please see conditions of use for Community Room User Group categories)	
Room Category (please see conditions of use for Room Categories)	

4: Declaration (to be signed by the person making the application)

Please tick each item to confirm acceptance:

I am authorised by the above organisation to make a booking on its behalf.	
I have read, understood and agree to the Libraries ACT Learning Facilities hire policy and conditions of use and will comply with all the requirements outlined.	
This includes my assurance that the use of the facility : <ul style="list-style-type: none">• Has a Learning outcome• Will not be used for private parties/functions• Any Hot food and/or alcohol is only by negotiation for selected venues	
I agree to pay the specified fee to hire the room according to the current policy fees and charges.	
I agree to pay for any penalty charges including those associated with security call-out or cleaning.	
I understand that this application is not confirmed until applicable insurance details and payment have been received in full, and that Libraries ACT reserves the right to terminate bookings at any time without notice.	

Signature _____

Date _____