



**SHOALHAVEN CITY COUNCIL
APPLICATION FOR HIRE OF NOWRA SCHOOL OF ARTS**

I/We, the undersigned, hereby apply to use the Nowra School of Arts and agree to pay the fees applicable.

In lodging this application I/we understand that the proposed booking is not confirmed until I/we receive notification of confirmation.

Name of Hirer:			
Organisation:	<input type="checkbox"/> Community <input type="checkbox"/> Commercial		
Address:			
Contact Details:	Telephone:	Email:	
Contact Person:			
<input type="checkbox"/> Hall <input type="checkbox"/> Entire main building <input type="checkbox"/> Annexe <input type="checkbox"/> Piano <input type="checkbox"/> Meeting Rm			
Function:	Date:	Time:	
Type of Function:			
No Of Guests			
Times: (to include set up and pack up)	Arrival time	am/pm	Departure time am/pm
Multiple & Recurrent Bookings: Please attach an A4 printed sheet outlining your preferred dates. Only finalised preferred dates will be accepted – any undue cancellations may incur a cancellation fee.			
Payment Method	<input type="checkbox"/> We/I will pay directly to the Shoalhaven Arts Centre prior to function.		Received <input type="checkbox"/>
	<input type="checkbox"/> Please invoice		Issued <input type="checkbox"/>
	<input type="checkbox"/> Fee Waiver – Copy of documentation needs to be supplied prior to function.		Received <input type="checkbox"/>

As per Terms & Conditions, please attach copy of current Public Liability Insurance (if applicable) - This must be received prior to function date.

I certify that I have read and do agree to abide by the Terms and Conditions of Hire attached.

Signed: _____

Date: _____

Privacy Notification

The information requested on this form is being collected by Shoalhaven City Council for the hire of facilities only. The information will be used solely by Council officers for the purpose mentioned or a directly related purpose. The applicant understands that this information is provided on a voluntary basis and they may apply to Council for access or amendment of the information at any time.

Office use only:		Applicant advised of confirmation <input type="checkbox"/>	
Schedule of Fees:	Day/Hour(s) @ \$	Per	Total \$
			Bond \$
			Balance Due \$

Please return this form by post to, Nowra School of Arts Booking Enquiry, Shoalhaven Arts Centre, PO Box 42, NOWRA NSW 2541 or hand deliver to Shoalhaven Arts Centre, 12 Berry Street, Nowra.