



TRIM Reference: \_\_\_\_\_

## QUEEN ELIZABETH II CENTRE BOOKING FORM

### PART 1: ORGANISATION AND CONTACT DETAILS

Organisation/Individual to be invoiced: \_\_\_\_\_

ABN: \_\_\_\_\_ ANCN: \_\_\_\_\_

Is your Organisation a registered Non-Profit?  Yes  No

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ *Organisation Contact Number*

Contact Person: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ *Contact Person Contact Number*

### PART 2: BOND REFUND

Account Name: \_\_\_\_\_

BSB: \_\_\_\_\_ Account No: \_\_\_\_\_

### PART 3: FUNCTION DETAILS

Type of Function: \_\_\_\_\_

Proposed Date(s) of Function: \_\_\_\_\_

Proposed Date(s) for Set-Up & Pack Down: \_\_\_\_\_

One-Off Function:  Yes  No *If NO, frequency of the Function: \_\_\_\_\_*

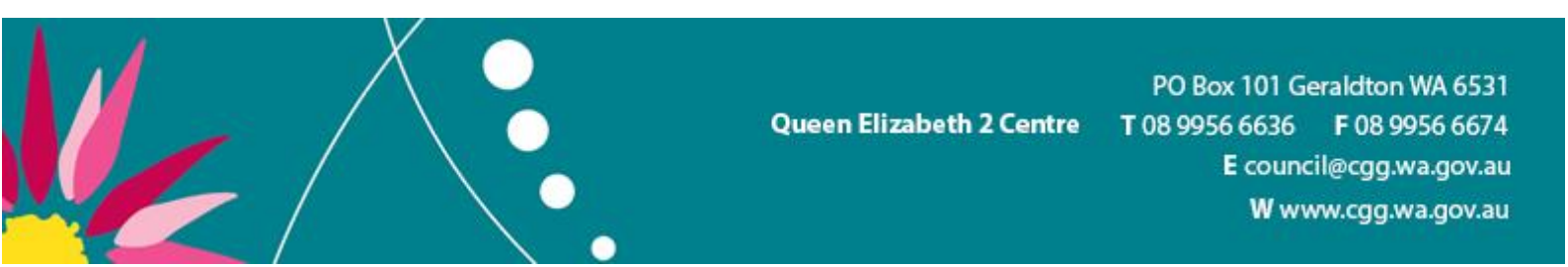
Ticketed Function:  Yes  No *Cost of Ticket: \_\_\_\_\_*

Number of Guests: \_\_\_\_\_

### PART 4: FUNCTION PROGRAM

FUNCTION SET-UP \_\_\_\_\_ Date: \_\_\_\_\_

Start Time: \_\_\_\_\_ am/pm \_\_\_\_\_ Finish Time: \_\_\_\_\_ am/pm



### PART 4: FUNCTION PROGRAM continued...

FUNCTION TIME	Date:	_____
Start Time: _____ am/pm	Finish Time: _____ am/pm	
FUNCTION PACK DOWN	Date:	_____
Start Time: _____ am/pm	Finish Time: _____ am/pm	

### PART 5: FACILITY HIRE

- |  |  |                                       |  |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> Upper Hall  | <input type="checkbox"/> Lower Hall  | <input type="checkbox"/> Meeting Room | <input type="checkbox"/> Recreation Room |
| <input type="checkbox"/> Commercial Kitchen – Lower Hall<br>(Kitchen Only) | <input type="checkbox"/> Commercial Kitchen – Upper Hall<br>(Kitchen Only) |                                       |  |

### PART 6: EQUIPMENT HIRE

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Stage                 | <input type="checkbox"/> Tables                                   | <input type="checkbox"/> Chairs          | <input type="checkbox"/> Crockery           |
| <input type="checkbox"/> Cutlery               | <input type="checkbox"/> Glassware                                | <input type="checkbox"/> Sound Equipment | <input type="checkbox"/> Microphone         |
| <input type="checkbox"/> Lectern               | <input type="checkbox"/> Whiteboard                               | <input type="checkbox"/> Com. Kitchen    | <input type="checkbox"/> Projector & Screen |
| <input type="checkbox"/> Main Kitchen Use Only | <input type="checkbox"/> Additional other adjacent external areas |  |   |

### PART 7: FOOD AND BEVERAGES

- Will Alcohol be consumed?  Yes  No
- Will Alcohol be sold?  Yes  No

*Please Note: if alcohol is going to be consumed or sold, you will require a permit. Copies to be provided.*

### PART 8: HIRE INSTRUCTIONS

The Authorised Responsible Person (ARP) is the person authorised by the hirer to legally represent the hirer and ensure all legal obligations of the hire terms and conditions are met. The Safety Warden (SW) is the person authorised by the hirer to perform all safety obligations of the hire terms and conditions. For smaller functions ARP and SW can be the same person, for large attendance numbers it is strongly recommended that a separate SW be authorised by the hirer for public safety.

	Authorised Responsible Person	Safety Warden
<b>Name:</b>		
<b>Address:</b>		
<b>Contact Number:</b>		
<b>Email Address:</b>		

The Hirer and/or persons as authorised:

- Acknowledges and accepts the terms and conditions of hire for/on behalf of the above hirer.
- Will sign for and return keys and will be responsible for ensuring that the building is left in the condition in which it was occupied by the hirer.
- Will ensure all building and safety inductions are completed by arrangement prior to the event date.
- Is insured to cover public liability as per terms and conditions.

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Signature

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Date

**Please submit completed applications to**  
[\*\*council@cgg.wa.gov.au\*\*](mailto:council@cgg.wa.gov.au)

## OFFICE USE

▪ Bond Required for Hire of the QE2 Centre	\$
▪ Key Bond	\$
▪ Hire Fee – Account No. 08400603	\$
<b>TOTAL PAYMENT (includes GST)</b>	<b>\$</b>

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Officer's Signature

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Date