

Permanent User 2021

Contact Details

Organisation (if applicable): _____

First Name: _____ Surname: _____

Phone (H): _____ (W): _____

Mobile: _____ Email: _____

Address: _____

Bond Refund Information (bond will be paid via electronic funds transfer)

Account Name: _____

BSB: _____ Account #: _____ Email: _____

Booking Details

Booking Name: _____

Room Required: Seminar A Seminar B Seminar A+ B Kitchen: Yes No

What will the facility be used for? _____

How often will you use the facility? (i.e. weekly, monthly etc.) _____

Did you use this facility last year? _____

If yes, was it the same day and time? _____

EQUIPMENT REQUIRED: Data projector with screen Yes No LCD screen Yes No WiFi Yes No

2021 Start Date	2021 Finish Date	Times			
		Set - up start	Event Start	Event Finish	Pack up finish

Do you require the room to be set up for you (charges apply): Yes No

Approx. No. of attendees: _____ No. of tables: _____ No. of chairs: _____

Booking Details cont.

Will you be consuming alcohol? Yes No

Will the hire be required on public holidays? Yes No

Do you pay APRA fees for music played during sessions? Yes No

Is your organisation/group not-for-profit? Yes No

Is your organisation a local community group? Yes No

Public Liability

Does the Club/Group/business have current public liability insurance? Yes No

If Yes (Please include a copy of certificate of currency)

Is your Club/Group/business Incorporated? Yes No

Does the Club/Group/business have an Australian Business Number (ABN)? Yes No

ABN is:

Release from Liability / Indemnity

A. Subject to Clause B, The Hirer will at all times indemnify the City of Kalamunda from and against any foreseeable loss or liability that is caused by any unlawful or negligent act or omission by The Hirer or breach of this contract by the Hirer.

B. The Hirer's liability to indemnify the City of Kalamunda under this clause will be reduced proportionately to the extent that such loss or liability was contributed to by any unlawful or negligent act or omission or breach of this contract by the City of Kalamunda, its officers, employees, subcontractors, agents or professional advisors.

I agree that the information declared above is true and correct and I have read and understand that my rights are limited by this disclaimer.

Name: _____ Date: _____

Office Use Only -

Booking Received: _____ Booking ID #: _____

Staff Member: _____ Booking Details Report sent: _____

Please Read and sign attached Conditions of Hire

For further information contact the Zig Zag Cultural Centre on 9257 9998. 50 Railway Rd, Kalamunda 6076.