

Langford Aboriginal Association Inc (LAA)
Casual Room Hire Application Form and Agreement



Client Details

Name: _____

Group/Organisation: _____

Are you a: Community Member
 Non-Government Agency
 Government Agency
 Corporate

Address: _____

_____ Post Code: _____

Email: _____

Contact Numbers
Home: _____
Work: _____
Mobile: _____
Fax: _____

Room Hire Costs (all prices exclude GST)

	Individuals (Community)	Agencies (Non – Government)	Agencies (Government)	Corporate	
Per Room	\$20 per hour \$100 per day	\$30 per hour \$150 per day	\$50 per hour \$200 per day	\$80 per hour \$300 per day	Including set up and pack up times; price includes use of kettle.
Kitchen Use	Include in room hire	\$20	\$20	\$20	Includes use of our tea, coffee and milk.
Set up	\$50 per room extra	\$50 per room extra	\$50 per room extra	\$50 per room extra	If you require LAA to set up for your function you will be charged this amount.
Clean Up	\$50 per room extra	\$50 per room extra	\$50 per room extra	\$50 per room extra	Any kitchen utensils not washed up and put away from your workshop will incur this fee, and also if room is left in an untidy state.
After Hours Opening/Closing Fee	\$10 to open \$10 to close for each event	\$25 to open \$25 to close for each event	\$40 to open \$40 to close for each event	\$50 to open \$50 to close for each event	If you require access to our premises outside of the following times which is Monday to Thursday 9am to 5pm then this fee will be charged.

Function DetailsNature of function (for example birthday party, meeting, workshop):

Room(s) required	Day(s) and Date(s)	Time of Hire (Please include set up and pack up times)		Number of people attending	Will you be setting up?	Will you be cleaning up?
		From	To			
Program Room						
Kitchen						

Equipment Hire requirements:

Users are requested to list equipment they require for their function. Any changes to the required equipment must be provided at least one week prior to a function. Please indicate below the equipment required for your function. All equipment use is included if you have requested 'room set up'.

Equipment Available for Functions	Required (Please Tick)	Cost
Kettle/Urn		Complimentary
TV with DVD Player		\$5
CD Player		\$5
Smart board		\$10
BBQ with gas		\$15

25 chairs are already in the Program room, if you require more please state the number up to a maximum of 50: _____

Table/Chair setup requirements (only applicable, if you require LAA to set up room). Please note that the room is already set up as a large meeting table using 4 tables and plenty of chairs. You will only be charged the set up fee if you require something different to what is already there.

You will need to provide a detailed list of how many chairs and tables you require and where you would like to position them if you require LAA to set up.

Number of: Tables _____ (8 available) Chairs _____

Setup: _____

Please include an indicative floor plan:

Service Delivery Fee (Only applicable for agencies)

Does your agency require the distribution of flyers or advertisement of your function, for example Community Workshops, through LAA's postal and email database or program?

Yes - then a service delivery fee will apply to your agency, please choose your options below

No - then please go down to 'Conditions of Use'

	I would like to advertise my function through:	Cost (ex GST) – based on 150 flyers	Please Tick your Options
Option 1	Term Program	\$50	
Option 2	A4/A5 Single Page Flyer – printed by agency and posted by LAA	\$150	
Option 3	A4 Single Page Flyer – printed and posted by LAA	\$210	
Option 4	A5 Single Page Flyer – printed and posted by LAA	\$180	

Conditions of Use

1. Applicant is responsible for fixing any damages made to premises during time of function.
2. Pick up any rubbish left on the premises after your event – all rubbish bins to be emptied into outside bins.
3. Premises are left in same condition as prior to function; if cleaning is required after your booking then a cleaning fee will be charged.
4. Any dishes used are to be washed, dried and put away, or cleaning cost will be charged.
5. All windows and doors to be checked they are locked before leaving.
6. All computers, lights, fans, air conditioners and heaters to be switched off when leaving.
7. Any mess made on floors need to be swept, mopped or vacuumed.
8. LAA is a smoke free premise and all smokers are to smoke outside of the front gates, at the mailbox.
9. No alcohol or drugs permitted on premises.

Booking Confirmation

I certify that I sign this application form on behalf of myself or the named group/organisation and have authority to bind the group/organisation by doing so. On behalf of myself or the named group/organisation I acknowledge that if this application is successful, the use permitted will be subject to the "Conditions of Use" which I have read.

I confirm agreement to the hire of room(s) according to the scheduled fees which are payable within 30 days of receipt of an LAA invoice. I understand that if I cancel my booking within 7 days from the booked date, I will be charged 10% of the total cost of that room booking. Cancellation of a room booking within 48 hours, will incur a charge of 100% of the room booking. I also understand that I or the named group/organisation is responsible for paying for any further costs associated with any damages to the premises.

Signature of Applicant: _____

Name of Applicant: _____

on behalf of (group/organisation): _____

Date: ____ / ____ / ____

Information Privacy: The personal information requested by this form is being collected for the purposes of facilitating and processing an application. The personal information will only be shared with relevant committee members. Failure to provide the personal information may prevent the processing of your application.

Office Use Only

Pre-Function

Type of Group: Community Non-Government Government Corporate

	Total Costs	Details/Notes
Room Hire		
Kitchen Use		
Set Up		
Clean Up		
After Hours Fee		
Equipment Hire		
Service Delivery		
TOTAL Excluding GST		
GST		
TOTAL Including GST		

Invoice Number: _____

_____ Paid \$ _____ Receipt Number: _____

How payment was made: _____

Keys Given: Y N

Alarm Code Given: Y N

Booking Authorised by: _____

Signed: _____ Date: ____ / ____ / ____

Post - Function

Keys Returned: Y N N/A

Room Cleaned: Y N N/A

Invoice Sent: Y N N/A

Notes:

Signed: _____ Date: ____ / ____ / ____