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| **GERALDTON REGIONAL ART GALLERY**  **VENUE USE APPLICATION FORM** |

**CONTACT DETAILS**

|  |  |
| --- | --- |
| Organisation: |  |
|  |  |
| Contact Person: |  |
|  |  |
| Postal Address: |  |
|  |  |
| Email Address: |  |
|  |  |
| Phone Number: |  |

**BOOKING DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Event: |  | | | |
|  |  |  |  |  |
| Date: |  |  | No of Attendees: |  |
|  |  |  |  |  |
| Start Time: |  |  | End Time: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Event Type: | Community  *Fee for Event* | Community  *No Fee for Event* | Commercial |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Booking Area: | Ground Floor | First Floor | Theatrette | All |

**BOOKING REQUIREMENTS**

Please describe your event and any special booking requirements, e.g. access to kitchen and/or bar facilities, seating/table arrangements, audio visual equipment. To discuss further, please contact Coordinator Gallery and Public Art on 9956 6750 or email [artgallery@cgg.wa.gov.au](mailto:artgallery@cgg.wa.gov.au).

|  |
| --- |
| Event Description: |

**PREFERRED PAYMENT METHOD**

Please refer to Fees/Charges information contained in the Conditions of Hire form available on the GRAG website or on request.

|  |  |  |
| --- | --- | --- |
| Payment: | Invoice | Card *over the phone payments available* |

I/we have received, read and understood the Conditions of Hire for the Geraldton Regional Art Gallery. Should the above Venue Use Application Form be approved, I/we agree in all respects to comply be the Conditions of Hire for the Geraldton Regional Art Gallery.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature: |  |  | Date: |  |

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

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| **OFFICE USE** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Booking: | |  | Approved | | Declined |
|  |  |  |  | |  |
| Copy of Public Liability Insurance attached: | | | Yes | | No |
|  | |  |  | |  |
| Applicant advised of outcome: | |  | Yes | TRIM Ref: |  |
|  |  |  |  | |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Officer Name: | |  |  | Position: | | |  | |
|  | |  |  |  | | |  | |
| Signature: |  | | | |  | Date: | |  | |