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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.

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| 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.

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| 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.

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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: |       |