**REGISTER YOUR INTEREST TO Lease/hire the Jim Richards Pavillion**

# CONTACT INFORMATION

|  |  |
| --- | --- |
| NAME OF ORGANISATION/community member: |  |
| IS THE ORGANISATION INCORPORATED? |  Y / N |
| IS THE ORGANISATION REGISTERED AS A NOT-FOR-PROFIT?  |  Y / N |
|  POSTAL ADDRESS: |  |
| MAIN CONTACT PERSON: POSITION/ROLE: CONTACT NUMBER:EMAIL ADDRESS: |  |
| SECONDARY CONTACT PERSON & POSITION/ROLE:CONTACT NUMBER:EMAIL ADDRESS: |   |
| How will having use of the venue benefit your members and the wider community? |  |

# PROPERTY INFORMATION

|  |  |
| --- | --- |
| proposed day/times that your organisation would use the facility:  |  |
| types of activities conducted from the facility: |  |
| total no. of members in your community/ organisation: |  |
|  |  |
| State estimated numbers of members for each group:  | Children 0 - 4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Children 5 - 13 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Youth 14 - 19 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adults 20-40 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adults 40-65 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ seniors 65+ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| does your organisation have public liability insurance? |  Y / N |
| does your organisation have volunteer accident insurance? |  Y / N |
| would you require a liquor licence at the facility? |  Y / N |
| would you be preparing AND/or cooking food at the facility? |  Y / N |
| ARE YOU AWARE FEES WILL APPLY FOR THE LEASE/HIRE OF THE VENUE?(HOURLY/DAILY/WEEKLY OR YEARLY FEES WILL BE APPLIED) |  Y / N |
| ARE YOU WILLING TO SHARE the FACILITY WITH other COMMUNITY ORGANISATIONs/community members? |  Y / N |

# ATTACHMENTS

PLEASE ATTACH THE FOLLOWING DOCUMENTS:

* Certificate of Incorporation
* CONSTITUTION/RULES OF ASSOCIATION
* PUBLIC LIABILITY INSURANCE AND/OR VOLUNTEER ACCIDENT INSURANCE