

Application for Hall Booking - Whangamata War Memorial Hall



Contact details

Full name		
Company name		
Phone number	Mobile number	Fax number
Email address		
Postal address		

Hirage details

Areas of the Whangamata War Memorial Hall you would like to hire (refer to the fees and charges in Annual Plan)

<input type="checkbox"/> EXISTING HALL	<input type="checkbox"/> SUPPER ROOM	<input type="checkbox"/> AUDITORIUM	<input type="checkbox"/> MEZZANINE FLOOR	<input type="checkbox"/> AUDITORIUM Foyer	<input type="checkbox"/> AUDITORIUM Foyer OFFICE	<input type="checkbox"/> CRAFT ROOM/ MINI THEATRE	<input type="checkbox"/> WHOLE COMPLEX
<input type="checkbox"/> CAR PARK (other than vehicle parking)	<input type="checkbox"/> KITCHEN						

Additional equipment or services you would like to hire (refer to the fees and charges in Annual Plan)

<input type="checkbox"/> SOUND SYSTEM	<input type="checkbox"/> PIANO	<input type="checkbox"/> CHAIRS	<input type="checkbox"/> TABLES	<input type="checkbox"/> CROCKERY	<input type="checkbox"/> TIERED BLEACHER SEATING (seats up to 193 people)	<input type="checkbox"/> THEATRE LIGHTING SYSTEM
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Purpose and details of activity

Numbers attending?

Numbers attending: _____	Private Event <input type="checkbox"/>	Commercial Event <input type="checkbox"/>	Community Event <input type="checkbox"/>
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Are you a

Regular User <input type="checkbox"/>	Casual User <input type="checkbox"/>
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Event dates?

Specify dates and times e.g. Saturday 18th May, 8.00am - 4.00pm to Sunday 19th May, 9.00am - 4.00pm	_____ to _____
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Set up times required?

Setup and pack down times e.g. Saturday 18th May, 8.00am - 4.00pm to Sunday 19th May, 9.00am - 4.00pm	_____ to _____
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Keys required

Key pick up and return times e.g. Pick up: Saturday 18th May, 2.00pm Return: Sunday 19th May, 3.00pm	_____ pick up _____ return _____
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**If you are intending to hire the Hall for multiple days please enter the details on the back of this form.

If a Liquor Licence is required is it

Applied for <input type="checkbox"/>	Granted <input type="checkbox"/>
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Name of person responsible for care of the Hall during occupation

Phone number	Mobile number
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Name of sound provider (DJ/Band/MC etc)	Phone number
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Whangamata Hall Layout

