Application for Hall Booking - Whangamatā War Memorial Hall

*Note: No charge unless set up/pack up required



1. Download and open this form in your PDF reader (*eg Adobe Acrobat*). **2.** Fill it in and save. **3.** Press 'Submit Form'. Your email application (*eg Gmail*) will open with the form attached and the email pre-addressed to TCDC. If not, attach the form to an email to customer.services@tcdc.govt.nz. **4.** You will receive a reply saying the form has been submitted.

Contact d	letails							
Full name								
Company name								
Phone number			Mobile number		Fax number			
Email address								
Postal address								
Contact name		respons	sible for ca	re of the Ha	ll during	occupatio	n	
Phone number				Mobile number				
Name of sound provider (DJ/Band/MC etc)			Phone number					
Hirage de Areas of the Wh EXISTING HALL CAR PARK (other than vehicle parking)		ar Memorial AUDITORIU	MEZZANINE	e to hire (refer to the f	ees and charges in A AUDITORIUM FOYER OFFICE	Annual Plan) CRAFT ROOM/ MINI THEATRE	WHOLE	
Additional equ	ipment or ser	vices you wo		er to the fees and charges	s in Annual Plan)			
SOUND SYSTEM	PIANO	CHAIRS	TIERED BLEACHER SEATING (seats up	THEATRE LIGHTING	TABLES*	CROCKERY*	WIFI (no extra charge)	

Purpose and details of activity **Purpose** of hire? **Numbers** Numbers Private Event **Commercial Event** Community Event attending? attending Are you a Regular User Casual User **Event dates?** Specify dates and times e.g. Saturday 18th May, 8.00am - 4.00pm to Sunday 19th May, 9.00am - 4.00pm (incl set up and pack up) Key pick up and return times Keys required e.g. Pick up: Saturday 18th May, 2.00pm Return: Sunday 19th May, 3.00pm pick up return **If you are intending to hire the Hall for multiple days please enter the details on the back of this form. Will alcohol be consumed during this booking? NO If you have ticked "YES", please confirm you have read and understood the conditions relating to alcohol in the hall: Signature Bank account verification for bond return. Please attach a bank deposit slip Fill out bank account number and sign below Date (DD/MM/YYYY) Signature **Health and Safety** For functions up to 300 people two wardens are to be designated for your function, to be responsible for the evacuation of people from the Hall in case of an emergency. Please state the names of these people: Floor Building Warden Warden In addition to these wardens, if your function is over 300 people a Certified Safety Officer is also required: Certified Safety Officer **Declaration** have read and understand the conditions of the Application Form and Conditions of Hire and will comply with all conditions. It is also understood that activating the fire alarm without reasonable cause may result in costs being recovered from the hirer (up to \$1,000). A bond may be required to be paid and will be returned following the event if the hall is left in its original condition. I declare that my booking will adhere to the current COVID Protection Framework Regulations Date (DD/MM/YYYY) Signature

Details of multi-day booking

Please detail the dates, times and details of multi-day bookings. If the booking is for rehearsal and performance please indicate what dates and times are for set up, rehearsal and the days and times of performance:				

Office use only	HIREAGE	\$	DATE PAID
	DEPOSIT	\$	RECEIPT NUMBER
	BOND PAID	\$	DATE KEY ISSUED
	TOTAL	\$	

Whangamata Hall Layout

