



GERALDTON REGIONAL LIBRARY VENUE USE APPLICATION

CONTACT DETAILS

Organisation: _____

Contact Person: _____

Postal Address: _____

Email Address: _____

Phone Number: _____

BOOKING DETAILS

Activity: _____

No. of Attendees: _____

Date(s)	Day(s)	Time(s)

- Booking Area**
- Meeting Room 1 *only* Meeting Room 2 *only*
- Meeting Room 1 and 2 Study Area
- Booking Type**
- Commercial Voluntary Organisation
Fee for event/No fee for event
- Not-for-Profit Educational/Tutoring

Note: Educational/Tutoring bookings are available for up to 12 months duration.

DEFINITIONS OF ORGANISATIONS

Commercial: Commercial Organisations, business or society.

Not-for-Profit: Community based service organisations that pay their members who work for them.

Voluntary Organisation: An organisation created by members of a group or community, which usually relies on unpaid workers, or is set-up as a charity.

Education/Tutoring: Facilitating the process of imparting knowledge via formal or non-formal experience (school, tutors).

BOOKING REQUIREMENTS

Please describe your event and include any special requirements, e.g. access to projector, screen, whiteboard, refreshments, seating arrangements. To discuss further, please contact the Library on (08) 9956 6659 or email library@cgg.wa.gov.au.

Details/Description:

ADDITIONAL REQUIREMENTS

Items: Projector/Screen Wall Mounted Whiteboard
 Tea/Coffee

PREFERRED PAYMENT METHOD

Please refer to the Fees/Charges information contained in the Conditions of Hire, which is available on the Library's website or on request.

Payment Type: Invoice Card *Over the phone payments available*

I/We have received, read and understood the Conditions of Hire for the Geraldton Regional Library. Should the above Venue Use Application be approved, I/We agree in all aspects to comply by the Conditions of Hire for the Geraldton Regional Library.

Signature: _____ Date: _____

Please submit completed applications to library@cgg.wa.gov.au.

OFFICE USE

Approved: Yes No
Advised Outcome: Yes No TRIM Reference: _____
Officer's Name: _____ Position: _____
Signature: _____ Date: _____