

DRUMMOYNE COMMUNITY CENTRE INC.

10 Cometrowe Street, Drummoyne NSW 2047 Phone 9719 8102

VENUE HIRE AGREEMENT – 2020



AGREEMENT for use of hall/s or meeting space at 10 Cometrowe Street, Drummoyne ("the Premises") made **BETWEEN** the Drummoyne Community Centre Inc. **AND** the Hirer

Name of Organisation _____ ABN _____

Is your organisation a Sole Trader Incorporated Association/Cooperative
Company (P/L) Other (please specify _____)

Name of Hirer _____ (or main contact if Organisation)

Address (please print) _____

Postcode _____

Telephone Contact (Daytime) _____ (After Hours) _____

(Mobile) _____ (email) _____

I (the Hirer), wish to hire Premises at Drummoyne Community Centre Inc. as detailed below:

Is this a **Casual Booking**? _____ Or a **Regular Booking**? Weekly Fortnightly Monthly Other _____

Room	Days/s of Week	Date (attach list if insufficient room)		Times		Total Hours
		Beginning	Ending	From	To	
Hall 1						
Hall 2						
Both Halls						
Mtg/Office Space						

For the purposes of _____

Maximum number of people attending (must include adults, children and babies): _____

Noise level of activity expected: Music (specify) _____ Other (specify) _____

Will you charge for attendance? No Yes (Rate per person \$ _____)

Who is the activity targeted at? _____ Will you be serving alcohol? No Yes

Will you be engaging the services of a contractor to conduct activities on the premises during your booking? (eg party entertainment, catering)? No Yes Please provide details: _____

If yes, evidence of each contractor's public liability insurance (to the value of \$10 million or at the discretion of the Manager) must be provided. Has this information been provided with this agreement? No Yes

Bond (Payable in advance) \$.....

Bonds carried over _____

Rent (Payable in advance) _____ hrs @ _____
_____ hrs @ _____ \$.....

Booking Fee (Casuals only, \$25) \$.....

Key Deposit (Regulars, only if applicable) \$.....

TOTAL PAID \$.....

R#.....

Hall Hire Fees will be reviewed as required and with each Calendar Year.

Bond Refund Information for Casual Bookings

Bank Institution Name _____

Account Holder's Name _____

BSB _____ Account Number _____

Public Liability

- 1. *Regular Hirers* must have Public Liability cover to a level of not less than \$10 million.
- 2. *Casual Hirers* who:
 - a. Are Incorporated Bodies, Sporting clubs or Associations of any kind; or
 - b. Apply an entrance fee, enrolment charge, or administration levy of any kind; or
 - c. Hire the facilities for a total of 10 days or more over any 12 month period

must have Public Liability Insurance of not less than \$10 million.

The Public Liability Insurance will indemnify the Drummoyne Community Centre Inc. and City of Canada Bay Council for all loss of or damage to DCC or Council property and from and against any claim, demand, action, suit or proceedings that may be made or brought against DCC Inc. or its employees or Council in respect of personal injury to or death of any person or loss of or damage to property whatsoever arising out of or as a consequence of the Hirer's use of the premises. A Certificate of Currency of this policy shall be available for inspection and photocopy by the representative of Drummoyne Community Centre Inc. **Access to the Centre shall not be given until a copy of the User's Public Liability (and if requested Professional Indemnity) Insurance Certificate of Currency is provided.**

I (the Hirer) have read and understand this Venue Hire Agreement and agree to abide by the Terms & Conditions of the Management Committee (*Drummoyne Community Centre Incorporated Venue Hire Policy 2020 – Terms & Conditions of Hire*), a copy of which has been given to me.

SIGNED by Hirer: _____ **Dated:** _____

SIGNED by _____ **Dated:** _____
(Authorised Officer of Drummoyne Community Centre Inc.)

OFFICE USE ONLY

Casuals:

Venue hire prepaid	Yes / No	\$	Date	Receipt #	Initials
Bond taken	Yes / No	\$	Date	Receipt #	Initials
Booking fee	Yes / No	\$	Date	Receipt #	Initials

Venue to be opened by:

Date issued & Paid	Inv #	Amt Paid	Receipt #

Bond refunded in full Amt Date

Bond refunded in part Amt Date

If only in part, give reason:

If cancelled refund given Amt Date

Regulars:

Hourly Rate \$ _____

Hours per session _____ Sessions per week/month/term _____ Total _____

Invoicing frequency (tick box) Monthly By Term By Semester By Year

Keys released Yes / No Date Initials Key # Register Completed Yes / No

If no, venue to be opened by:

Keys returned (if applicable) Yes / No (If no, bond cannot be refunded)

Bond refunded in full Yes / No Amt Dated

If no, reason:

Copy of insurance documents Yes / No Currency expires _____ (date)