



Lyrebird Community Centre Inc.

2010 Permanent Hirer Application



THIS APPLICATION WILL NOT BE PROCESSED UNLESS THE FORM IS FILLED OUT COMPLETELY.

ORGANISATION NAME: \_\_\_\_\_

ACTIVITIES PROPOSED: \_\_\_\_\_

CONTACT PERSONS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CAN WE USE THIS EMAIL ADDRESS TO FORWARD MONTHLY INVOICES TO YOU ? YES  NO

TELEPHONE: (H) \_\_\_\_\_ (B) \_\_\_\_\_ (M) \_\_\_\_\_

PUBLIC LIABILITY INSURANCE: PLEASE PROVIDE US WITH A COPY OF YOUR CERTIFICATE OF CURRENCY

NAME OF INSURER \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ EXPIRY DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

BONDS: A \$500.00 Security Bond and a \$20 Key Bond (if applicable) will be charged at the commencement of hiring.

HALL / ROOM REQUIRED:

- Lyrebird 1 Hall, Lyrebird 2 Room, Lyrebird 1 & 2 Halls, Kingfisher Hall, Hummingbird Room, Kitchen, Bluebird Room, Cockatoo Room, Back Office

DAYS REQUIRED:


TIMES REQUIRED:


- Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday with checkboxes and time slots

COMMENCEMENT DATE:

CONCLUSION DATE:

**PLEASE CIRCLE DAYS REQUIRED ON 2010 CALENDAR BELOW:**

 School Holidays

 Public Holidays

**January**

M	T	W	T	F	S	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Inv No: \_\_\_\_\_ \$ \_\_\_\_\_

**February**

M	T	W	T	F	S	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

Inv No: \_\_\_\_\_ \$ \_\_\_\_\_

**March**

M	T	W	T	F	S	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Inv No: \_\_\_\_\_ \$ \_\_\_\_\_

**April**

M	T	W	T	F	S	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Inv No: \_\_\_\_\_ \$ \_\_\_\_\_

**May**

M	T	W	T	F	S	S
31					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Inv No: \_\_\_\_\_ \$ \_\_\_\_\_

**June**

M	T	W	T	F	S	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Inv No: \_\_\_\_\_ \$ \_\_\_\_\_

**July**

M	T	W	T	F	S	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Inv No: \_\_\_\_\_ \$ \_\_\_\_\_

**August**

M	T	W	T	F	S	S
30	31					1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

Inv No: \_\_\_\_\_ \$ \_\_\_\_\_

**September**

M	T	W	T	F	S	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Inv No: \_\_\_\_\_ \$ \_\_\_\_\_

**October**

M	T	W	T	F	S	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Inv No: \_\_\_\_\_ \$ \_\_\_\_\_

**November**

M	T	W	T	F	S	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Inv No: \_\_\_\_\_ \$ \_\_\_\_\_

**December**

M	T	W	T	F	S	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Inv No: \_\_\_\_\_ \$ \_\_\_\_\_

**AGREEMENT:** I/we hereby undertake to abide by the Permanent Hire Agreement (a copy of which has been supplied to me/us) as well as Council's Local Law provisions regarding noise. I/we also agree to inform Centre Management in writing, and at least 30 days prior to the date, of any changes, additions or cancellations concerning bookings. I/We further agree to be responsible for any costs incurred over and above the Security Bond held.

**HIRERS SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**BOOKING OFFICERS SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

- Please return completed form to 203-205 Lyrebird Drive Carrum Downs 3201.
- An account will be forwarded **monthly in advance** for the Hall and / or Room Hire and must be paid according to the terms as indicated on the invoice.
- All fees are subject to an increase in the future at the discretion of Management.

**OFFICE USE ONLY:**

Key Number 11. \_\_\_\_\_ Date Out: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (staff) Returned Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (staff)  
 Security Bond Received \$ \_\_\_\_\_ Returned Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (staff)  
 Key Bond Received \$ \_\_\_\_\_ Returned Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (staff)  
 Security Code \_\_\_\_\_ User Number \_\_\_\_\_

**CALCULATION OF CHARGE PER SESSION:**