APPLICATION TO HIRE STONEHENGE HALL / COMMUNITY CENTRE BOARDROOM

STONEHENGE – Phone: 07 4651 8101 Email: stonehengeinfo@barcoo.qld.gov.au

Please tick requirements: ☐ **Hall** ☐ **Meeting Room** (Community Centre)

☐ **Air-conditioning** ☐ **PA System** ☐ **Kitchen**

☐ **Crockery (quantity):_____** ☐ **Tables (quantity):_____** ☐ **Chairs (quantity):_____**

ON (day):_____(date):_____ (month):_____ from: ____am/pm to _____am/pm.

TO (day):_____(date):_____ (month):_____ from: ____am/pm to _____am/pm.

Nature of Function:_____

On completion of function the premises will be cleaned ready for inspection by Council Staff

On (day)_____(date)_____(month)_____at_____ am/pm

or ☐ Agree for Council to have to premises cleaned and services charged to the club/organization or individual.

I _____on behalf of (club/organization) _____

Ph No:_____ E-mail:_____

Agree to the conditions listed below regarding the use of the abovementioned premises:-

1. The premises are to be left in a clean and tidy state after use.
2. Tables and chairs cleaned and stacked.
3. All locked areas secured and lights and air-conditioners turned off.
4. The person/organisation shall be deemed liable for the cost of cleaning if premises are left in an unsatisfactory state and for any breakages or damage incurred upon the premises or its surrounds, any such damage must the reported to Council at the first possible instance.
5. Contact the Stonehenge Information Centre on 46518101 if any equipment requires maintenance/repair or if gas bottles need replacing.
6. If applicable, this booking will not be confirmed until hire fees have been paid.
7 Keys must be returned to the Stonehenge Information Centre on the first working day after the conclusion of the function.

Failure to comply with the conditions set herein will result in Barcoo Shire Council refusing future use of the premises to the abovementioned club/organization/individual and steps may be taken to recover any costs involved.

_____ _____

(Signature of applicant) *(Signature of Authorised Council Representative)*

Date: Date: