

# Shoalhaven City Arts Centre (SCAC)

12 Berry Street NOWRA NSW 2541 (02) 4422 0648

## SCAC Meeting Room - Booking Form 2011-2012

### CONTACT DETAILS

<b>Initial Contact</b>	<b>Date of Enquiry:</b>		
<b>Person:</b> _____	_____		
<b>Organisation:</b> _____	_____		
<b>Address:</b> _____	_____		
_____	_____		
<b>Organisation's Contact Person:</b> _____	_____		
<b>Ph:</b> _____	<b>Mobile:</b> _____	<b>Email:</b> _____	<b>ABN/GST No.</b> _____

### BOOKING DETAILS

<b>Dates Required</b>	<b>Start date</b> _____	<b>Time</b> _____
	<b>Finish date</b> _____	<b>Time</b> _____
<b>Number of Attendees</b> _____	<b>Special Needs</b> _____	

<b>Purpose of use</b> ( <i>Conference, Meeting, Training</i> )				
<b>Requirements</b> (Room size 7.2m x 8.0m)	<input type="checkbox"/> Projector	<input type="checkbox"/> Screen	<input type="checkbox"/> Tables/Chairs (6 large rectangular tables/30 chairs in room)	<input type="checkbox"/> Catering
<i>Details</i>				
<p>Please note there is an urn and polystyrene cups available for tea/coffee purposes . You will however be required to provide your own tea, coffee, milk and biscuits. The room, including IT equipment, is to be set up by the hirer, ie Arts Centre staff do not provide technical assistance or configure tables and chairs</p>				

### HIRE FEES

*Please Tick*

<b>Category 1</b> <i>Non profit organisations or Arts practitioner</i>	<b>\$12.00 - Per Hour</b>	
	<b>\$30.00 - Half Day (4hrs)</b>	
	<b>\$46.00 - Full Day (8hrs)</b>	
<b>Category 2</b> <i>Commercial/Business</i>	<b>\$18.00 - Per Hour</b>	
	<b>\$45.00 - Half Day</b>	
	<b>\$69.00 - Full Day</b>	
<b>Hire of Courtyard</b>	<b>\$25.00 - Per Use</b>	

### Terms of Use:

1. The hirer is liable for all damage incurred during their use of the meeting room.
2. The user recognises that there is no allocated parking and the user will only use the small parking bay to use the designated loading Zone.
3. After hours use: The user agrees to maintain the security of the building by the front door is never chocked ajar

I understand and agree to the *Terms of Use*

Applicant Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form, with full payment to the; Shoalhaven City Council, Shoalhaven Arts Centre, PO Box 42 Nowra NSW 2541, Ph 02 4422 0648, (Fax 02 4421 0632) email [carterbr@shoalhaven.nsw.gov.au](mailto:carterbr@shoalhaven.nsw.gov.au).