**Room Booking Checklist Lazenby Hall/Annexe**

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| **U s e r D e t a i l s** | | | | | | |
| Booking/Function Title: |  | | | | | |
| Venue |  | | | Date | |  |
| Organisation Name: |  | | | | | |
| ABN ( If applicable ): |  | | | | | |
| Contact Person Name: |  | | | | | |
| Contact Person Phone Number: |  | | Email Address: | |  | |
| Organisation Address: |  | | | | | |
| Organisation Email Address: |  | | | | | |
| Organisation Phone Number: |  | | Fax Number: | |  | |
| \*Venue Walk-through Requested | Yes/No | | Date & Time | |  | |
| Time (Bump In) |  | | Time (Bump Out) | |  | |
| Time Performance Starts |  | | Time Performance Finishes | |  | |
| Breaks in the Performance (times) |  | |  | |  | |
| Description of Organisation and activities it conducts and/or services it provides: | | | | | | |
| **U s e r R e q u i r e m e n t s** | | | | | | |
| Please indicate which seating arrangement you require. | | □ Lazenby Hall Half Seating (Capacity 572)  □ Lazenby Hall Full Seating (Capacity 850)  □ Lazenby Hall – Flat Floor with Stairs  □ Piano Large (not located on stage area)  □ Piano small ( located on stage area)  **Please see attached floor plan and sketch position of trestle tables required** **for Annexe/Foyer area.** | | | | |
| What types of Activity please indicate? | | **UNE:**   Core Teaching (Lectures, Tutorials, Exams)   Non Core Teaching (Conferences, Seminar)  **Other:**   Community (Non Profit Organisations, Community Groups, Schools)   Commercial (Musical Society, Travelling Performers) | | | | |

**\*If you have not used venue previously a walk-through of the venue is compulsory prior to the event.**

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| **U s e r R e q u i r e m e n t s c o n t i n u e d** | | | | | |
| Indicate what type of furniture and or equipment required: | □ Lectern  □ Urns  □ Dressing Rooms  □ Wheelchair Access  □ Directional Signage (security) | □ Tables (Amount\_\_\_\_)  □ Chairs (Amount\_\_\_\_)  □ Kitchen  □ Stage  □ Fire Isolation  □ lift to stage | | | □ Lighting (own technician must be provided)🞰  □ Sound Desks (own technician must be provided) |
| Please indicate the time of the day access is required: | Set Up Time | | Rehearsal Times | Actual Performance Times | |
| Meal Breaks | | Intermission | Other | |
| Do you have any additional specific requirements which are noted in general conditions of hire: | | | | | |

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| **R i s k A s s e s s m e n t F o r m** | |
| This section **MUST** be completed by the user to complete registration. | |
| List the type and levels of insurance held by your organisation & provide a copy of the insurance papers (refer to page 7, section 10.1 of Conditions of Hire (External): | Insurer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Provide total numbers of people attending including all professionals, performers, presenters, theatre staff as well as anticipated audience numbers | Attendees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Does the activity involve activities that are considered high risk in nature, such as the use of a naked flame, or smoke generator? |  |
| Have you or do you intend to apply to serve or supply alcohol? |  |
| Do any of your participants have a disability? If so, will they need assistance? |  |
| List the type and nature of equipment involved (e.g. stage props, cords, etc) |  |

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| **A g r e e m e n t** | | |
| I/We understand and agree to abide by the Terms and conditions contained within the Conditions of Hire and Acknowledge that I/We have received this documentation. | | |
| Name: | Signature: | Date: \_ \_ / \_ \_ / \_ \_ \_ \_ |

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| **Facilities Management Office Use** | | | | |
| University Venues hire associated Cost Estimates per day. | □ $480 Lazenby Hall & Annexe  X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ $250 Madgwick Hall & Lecture Theatres  X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ $120 Cleaning  X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ $500 Grand Piano Large  X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ $250 Grand Piano Small  X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ $25 per hour UNE Campus other Venues X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ $110 Custodians  X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ AV Technical Theatre Staff Macsound. Weekdays $198 first 3 hours & after first 3 hours $66 per hour  X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | □ $240 (50%) Lazenby Hall & Annexe  X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ $125 (50%) Madgwick Hall & Lecture Theatres  X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ $120 Isolation Fee X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ $250 (50%) Grand Piano Large  X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ $125 (50%) Grand Piano Small  X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ $100 per day UNE Campus other Venues X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Other (setup etc.)  X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ AV Technical Theatre Staff Macsound. Saturday rate $231 first 3 hours & after first 3 hours $77 per hour. □ Sunday $297 first 3 hours & after first 3 hours $99 per hour  X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Total Costs** |  |  | |  |
| **Services** | **Work Request:** |  | | **Date Information Sent Out:** |
|  | □ Full Seating 850  □ default seating 572 (tiered 476, Gallery 96 seat)  □ Annexe  □ Baby Grand Piano stage area  □ Grand Piano flat floor area  □ Disabled lift required  □ Fire Isolation. Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | □ AV Technical Theatre Staff. Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Insurance Provide  □ Security notified for access. Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Venue walk through requested. Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Concert Steinway Booking Form**

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| **U s e r I n f o r m a t i o n** | | | | |
| Organisation Name: |  | | | |
| ABN ( If applicable ): |  | | | |
| Contact Person Name: |  | | | |
| Contact Person Phone Number: |  | Email Address: | |  |
| Pianists Name |  | | | |
| Which Piano is required? |  Large Steinway | |  Small Steinway | |

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| **E v e n t I n f o r m a t i o n** | | | |
| Name of Event: |  | | |
| Dates of Event: |  | | |
| Times the Piano will be used: |  | | |
| Explain if other: | | | |
| B i l l i n g I n f o r m a t i o n | | | |
| **If damage occurs to the piano(s) during users user, Facilities Management Services will charge the user the full amount of necessary repairs.** | | | |
| On Campus Department’s Cost Code |  | | |
| Off Campus Organisation’s Billing Address |  | | |
| Billing Contact Name: |  | | |
| Billing Contact Number: |  | Billing Email Address or Fax |  |
| Please provide any supporting comments or any special considerations in the following space: | | | |

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