

Venue Hire Agreement

Booking/Function Title:			
Venue		Date	
Organisation Name:			
ABN (If applicable):			
Contact Person Name:			
Contact Person Phone No:		Email Address:	
Billing Contact:			
Billing Email Address:			
Physical Billing Address (if required):			
Accounts Phone Number:			
Venue Walk-through Requested	Yes/No		
Time (Bump In)		Time (Bump Out)	
Run sheet of conference			
Covid Safe seating			
What type of external organisation?			
Indicate what type of furniture and or equipment required:	<input type="checkbox"/> Lectern <input type="checkbox"/> Wheelchair Access <input type="checkbox"/> Directional Signage <input type="checkbox"/> Tables (Amount____) <input type="checkbox"/> Chairs (Amount____) <input type="checkbox"/> Stage <input type="checkbox"/> Fire Isolation <input type="checkbox"/> lift to stage Lighting/Sound desk (own technician must be provided)*		
Please indicate the time of the day access is required by participants:	Set Up Time	Conference Times	Pack down Times
Do you have any additional specific requirements which are noted in general conditions of hire:			

Risk Assessment Form

This section **MUST** be completed by the user to complete registration.

Hirers are required to provide proof of appropriate Public Liability Insurance Cover to the value of \$10 million (attach by email when submitting this form).

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)

Agreement

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: __ / __ / ____

Facilities Management Office Use

University Venues hire associated Cost Estimates per day.

- ☐ \$480 Lazenby Hall
- ☐ \$80 Annexe
- ☐ \$120 per custodian per day
- ☐ \$200-400 Setup, eg registration tables/chairs
- ☐ \$120 Cleaning per day
- ☐ AV and Technical requirements are not provided by UNE, please engage approved provider direct - Macsound. <https://www.macsound.com.au> Ph: 02 6778 4090

Total Costs

Services

Work Request:

Date Information Sent Out:

☐ Default seating tiered

☐ Annexe

☐ Disabled lift required

☐ Fire Isolation

Date _____

☐ Insurance provided

☐ Security notified for access

☐ Venue walk through requested

Date _____

☐ Other _____