

# Parramatta City Library Service

## Booking Application Form and Hiring Agreement

### DATE(S) AND TIME(S) FOR BOOKING

Dates: Start: \_\_\_/\_\_\_/\_\_\_ Finish: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_ to \_\_\_

Dates: Start: \_\_\_/\_\_\_/\_\_\_ Finish: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_ to \_\_\_

Dates: Start: \_\_\_/\_\_\_/\_\_\_ Finish: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_ to \_\_\_

### FACILITY (Please tick)

Darug Room

River Room

Retro Room

Technology Learning Centre

### EQUIPMENT

Equipment available is as listed in the Information leaflet.

Please indicate if use of the Overhead Projector is required (only available in the Retro Room)

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

APPLICANT'S NAME: \_\_\_\_\_

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

Email address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

### FUNCTION / ACTIVITY DETAILS

Number of attendees: \_\_\_\_\_

Type of Function: (Please tick)

Cultural Function	<input type="checkbox"/>	Seminar	<input type="checkbox"/>	Workshop	<input type="checkbox"/>
Education Seminar	<input type="checkbox"/>	Special Event	<input type="checkbox"/>	Yoga/Meditation	<input type="checkbox"/>
Meeting	<input type="checkbox"/>	Training	<input type="checkbox"/>	Other (please describe)	<input type="checkbox"/>
Children's Activity	<input type="checkbox"/>	Tutoring	<input type="checkbox"/>		<input type="checkbox"/>

**PARRAMATTA  
CITY COUNCIL**

Parramatta City Library  
Civic Place Parramatta 2150  
PO Box 32 Parramatta 2124

Phone: 9806 5159 Fax: 9806 5919  
[www.parracity.nsw.gov.au](http://www.parracity.nsw.gov.au)

Revised Oct 2009



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## TYPE OF ORGANISATION OR GROUP

Please indicate the category that best describes your group: (Please tick)

Businesses and Commercial operations	<input type="checkbox"/>	Clubs	<input type="checkbox"/>	Groups that charge a fee on a cost recovery basis	<input type="checkbox"/>
Self employed persons for the purpose of providing services to the public for personal profit	<input type="checkbox"/>	Schools	<input type="checkbox"/>	Charities	<input type="checkbox"/>
State and Federal Government	<input type="checkbox"/>	Religious Programs/Church Groups	<input type="checkbox"/>	Other (please describe)	<input type="checkbox"/>
Community Groups	<input type="checkbox"/>	Local Government	<input type="checkbox"/>		<input type="checkbox"/>

Category A

Category B

(Refer to "Guidelines and Conditions of Use")

The applicant by his/her signature to this application undertakes to comply with the Guidelines and Conditions of Use provided to you – in particular:

- Fire exits are to be kept clear at all times.
- All furniture and equipment must be returned to its original location and the room left in a clean condition

I/we acknowledge and agree that the Council shall be entitled to recover such charges from me/us in the event of breakage or damage to any item, equipment or fitting belonging to the Council.

I acknowledge receipt of the Guidelines and Conditions of Use and agree to the terms therein.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT:** The information provided by you on this form will be used by Parramatta City Council or its agents to process this application. The provision of this information is voluntary, however, if you do not provide the information, Council may not be able to fully process your application. Once collected by Council, the information can be accessed by you in accordance with Council's Access to Information Policy and Privacy Management Plan or in special circumstances, where Commonwealth legislation requires or where you give permission for third party access.

### OFFICE USE ONLY

Payment	Amount	A/C number
Room fee		
Other		
Total		
	Date	Staff name and signature

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