## Application for Hall Booking - Whangamatā War Memorial Hall

\*Note: No charge unless set up/pack up required



**1.** Download and open this form in your PDF reader (*eg Adobe Acrobat*). **2.** Fill it in and save. **3.** Press 'Submit Form'. Your email application (*eg Gmail*) will open with the form attached and the email pre-addressed to TCDC. If not, attach the form to an email to <a href="mailto:customer.services@tcdc.govt.nz">customer.services@tcdc.govt.nz</a>. **4.** You will receive a reply saying the form has been submitted.

Contact details							
Full name							
Company name							
Email address							
Postal address							
Details of person responsible for (if different from above)	r care (	of the Ha	ll during	occupatio	n		
Contact name							
Phone number		bile mber					
Name of sound provider (DJ/Band/MC etc)		Phone number					
<b>Hirage details</b> Areas of the Whangamatā War Memorial Hall you wo	ould like to	<b>hire</b> (refer to the j	fees and charges in A	innual Plan)			
	EZZANINE OOR	AUDITORIUM FOYER	AUDITORIUM FOYER OFFICE	CRAFT ROOM/ MINI THEATRE	WHOLE COMPLE		
CAR PARK (other than vehicle parking)  KITCHEN							
Additional equipment or services you would like to h	<b>ire</b> (refer to t	he fees and charge:	s in Annual Plan)				
SOUND SYSTEM PIANO CHAIRS SEATING (5 10 30 seem	seats up	THEATRE LIGHTING SYSTEM	TABLES*	CROCKERY*	WIFI (no extra charge		

## Purpose and details of activity Purpose of hire? Supporting documentation Numbers Private Commercial Community attending: may be required Are you a Regular User Casual User Dates required? Specify dates and times, e.g. Saturday 18th May, 8.00am - 4.00pm to Sunday 19th May, 9.00am - 4.00pm (incl set up and pack up) Key pick up and return times Keys required e.g. Pick up: Saturday 18th May, 2.00pm Return: Sunday 19th May, 3.00pm pick up return Will alcohol be consumed during this booking? NO If you have ticked "YES", a bond will be required. Please confirm you have read and understood the conditions relating to alcohol in the hall: Signature Bank account verification for bond return. Please attach a bank deposit slip or other verified proof of bank account Fill out bank account number and sign below Signature Date (DD/MM/YYYY) **Health and Safety** For functions up to 300 people two wardens are to be designated for your function, to be responsible for the evacuation of people from the Hall in case of an emergency. Please state the names of these people: Floor Warden In addition to these wardens, if your function is over 300 people a Certified Safety Officer is also required:

Certified Safety Officer

## **Declaration**

I/we				
Signature				Date (DD/MM/YYYY)
	HIREAGE	\$	DATE PAID	
Office use only	DEPOSIT	\$	RECEIPT NUMBER	
	BOND PAID	\$	DATE KEY ISSUED	
	TOTAL	<u>.</u>		

## Whangamata Hall Layout

