## Application for Hall Booking -Thames War Memorial Civic Centre - Conference Room

**Contact details** 



Must be completed by the client who is paying the account

**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.

| Full name<br>of Hirer                     |  |   |  |
|---|--|---|--|
| Company name                              |  |   |  |
| Phone number                              |  | Postal address                          |  |
| Email address                             |  |   |  |
|   |  |   |  |
| Details of 1 (if different from ab        | person responsible for car   | e of the facility durin                 | g occupation                             |
| Contact name                              |  |   |  |
| Phone number                              |  | Mobile number                           |  |
| Name of sound provider (DJ/Band/MC etc)   |  | Phone number                            |  |
|   |  |   |  |
| Purpose at                                | nd details of activity   |   |  |
| _   | use for the hire of Thames War Memorial Civi   | ic Contro Conforanco Poom?              |  |
|   | se for the line of Thames war memorial civi  | c centre conjerence Room:               |  |
| Activity full details                     |  |   |  |
| Datas varios 12                           |  |   |  |
| Dates required? (incl set up and pack up) | Specify dates and times, e.g. Saturday 18th May, 8.00am - 4.00pm to Sunday 19th May, 9.00am - 4.00pm |   |  |
|   |  |   |  |
|   |  |   |  |
|   |  |   |  |
|   |  |   |  |
|   |  |   |  |
|   |  |   |  |
| Numbers attending:                        | Private Com  | nmercial Community                      | Supporting documentation may be required |
|   |  |   |  |
| Will an entry fee l                       | pe charged? YES NO   |   |  |
| *4**** 1 1 11                             |  | 1                                       |  |
| Will alcohol be cor                       | nsumed during this booking?  | NO                                      |  |
| If you have ticked "Y                     | ES", a bond will be required. Please confirm you ha  | ve read and understood the conditions r | elating to alcohol in the hall:          |
| Signature                                 |  |   | Vennin O. J. 2004 D                      |
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| Bank account verification for bond return.  |  |  |  |
|---|--|--|--|
| Please attach a bank deposit slip or other verified proof of bank account and   |  |  |  |
| Fill out bank account number and sign below   |  |  |  |
|   |  |  |  |
| Signature Date (DD/MM/YYYY)   |  |  |  |
|   |  |  |  |
| Seating requirements - chairs and tables available  |  |  |  |
| Do you require us to set up?  If yes please tick required and specify quantities.  Charges apply.  YES  NO                        |  |  |  |
| Please setup the following SINGLE TRESTLE TABLES # PORTABLE STAGING #   |  |  |  |
|   |  |  |  |
| TIERED SEATING (BLEACHERS) Charges apply - these cannot be set-up by hirer #  |  |  |  |
|   |  |  |  |
| Café service  |  |  |  |
| Do you require a café service?  Charges apply.  YES  NO   |  |  |  |
| Please setup the following TEA/COFFEE/SUGAR/MILK TO BE PROVIDED # WATER JUGS AND GLASSES TO BE PROVIDED #                         |  |  |  |
| We have outside caterers. Please supply details   |  |  |  |
| Outside caterers details  |  |  |  |
|   |  |  |  |
| Available equipment   |  |  |  |
| Conference Room equipment. Please tick if you require any of the following (Free of charge)                                       |  |  |  |
| SCREEN DATA- PROJECTOR EXT. CORD CEILING SPEAKERS WHITEBOARD LECTERN POWER BOARD  |  |  |  |
| PIANO (charges apply) (charges apply)  WIFI (available throughout the Civic Centre)   |  |  |  |
|   |  |  |  |
| Portable sound equipment. Please tick if you require any of the following (Free of charge)  MICROPHONE SPEAKERS                   |  |  |  |
|   |  |  |  |
| 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:  |  |  |  |
| Building Warden  Floor Warden  Warden   |  |  |  |
| In addition to these wardens, if your function is over 300 people a Certified Safety Officer is also required:                    |  |  |  |
| Certified<br>Safety Officer   |  |  |  |

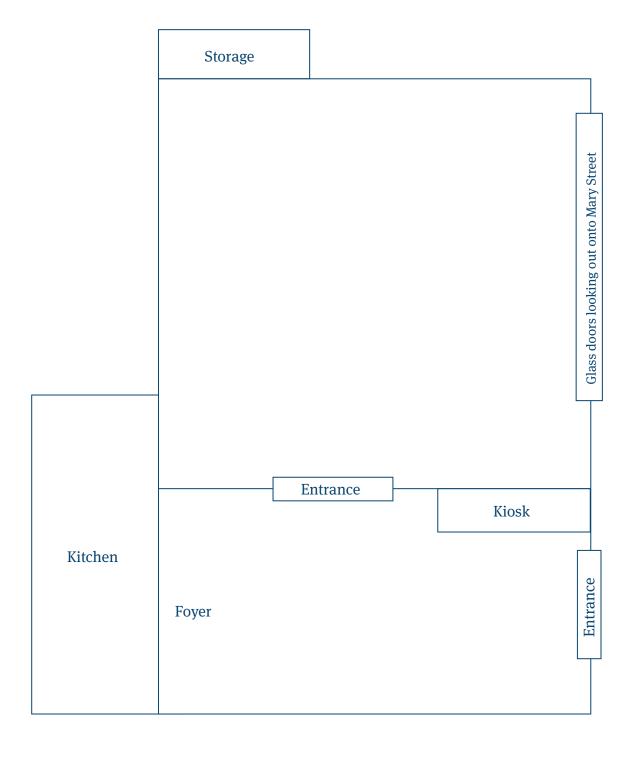
## **Conference Room setup instructions**

Please print clearly

Please retain this sheet for your information, if you are doing your own setup

YES NO

If you want us to setup for you. Draw in your setup arrangement and fax, mail or email this sheet to us.





Phone: 07 868 0200 Fax: 07 868 0234

Email: customer.services@tcdc.govt.nz