



APPLICATION TO HIRE HARNETT ROOM/S

APPLICANT DETAILS			
Title: <small>Mr/Mrs/Ms/Dr Other:</small>	Given Name(s)	Surname / Last Name	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Company name: <input style="width: 100%;" type="text"/>			
Contact Address:			
Unit / House - Number			
<input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/>			
Street or PO Box: <input style="width: 100%;" type="text"/>			
Suburb: <input style="width: 100%;" type="text"/>		State: <input style="width: 100%;" type="text"/>	Postcode: <input style="width: 100%;" type="text"/>
*Daytime Phone: <input style="width: 100%;" type="text"/>	*Fax: <input style="width: 100%;" type="text"/>	*Mobile: <input style="width: 100%;" type="text"/>	
*Email: <input style="width: 100%;" type="text"/>			
Method of payment (please tick): <input type="checkbox"/> cheque <input type="checkbox"/> cash <input type="checkbox"/> credit card (complete section below if credit cardholder is not the applicant)			
The cardholder authorises payment for the amount specified. In the event of a refund the cardholder will be the recipient of the fund.			
_____ Cardholder's Printed Name		_____ (Date)	
_____ Cardholder's Signature			
<i>*Voluntary information only. (Assists with timely processing of your application. See Privacy and Personal Information Act Statement)</i>			

DETAILS OF EVENT	
I / We require:	
<input type="checkbox"/> Harnett Room 1	<input type="checkbox"/> Harnett Room 2 (Screen End)
<input type="checkbox"/> Harnett Rooms 1 & 2 (Both Sides)	
Purpose: _____	Date: _____
Time (include set-up/pack-up): from: _____ to: _____	

FEES

Harnett Meeting Rooms (Monday to Friday only):-

- | | |
|--|---|
| (a) Business Hours: 8.00 a.m. to 6.00 p.m.: | (a) \$73.00 per hour |
| (b) Evenings: 6.00 p.m. to 11.00 p.m.: | (b) \$147.00 per hour |
| (c) Commercial Purposes - Real Estate Auctions
etc (excluding warehouse sales): | (c) \$845.00 minimum three hours
and thereafter \$181.00 per hour
or part thereof. |

PRIVACY AND PERSONAL INFORMATION ACT, 1998

Your personal information is being collected to process this application. The supply of personal contact information by you [marked with an asterisk (*)] is voluntary. If you cannot provide or do not wish to provide this information, the Council may not be able to process your application. Council is to be regarded as the agency that holds the information. You may make application for access or amendment to information held by Council. This application form and the information contained in it is accessible to the public upon enquiry, noting that information contained within a credit card authority form, where applicable, is not held by Council after the transaction is processed and the authority form is destroyed.

DECLARATION

The details provided by me are correct and I have read and understand all information provided in this application

(Applicant's signature)

(Date)

LODGEMENT INFORMATION

LODGEMENT INFORMATION

All applications must be submitted with a minimum of 5 working days before the event otherwise approval may not be given.

Please check availability with Venue Staff on (02) 9932 4502 or (02) 9932 4507 prior to lodging your application.

For bookings with fees please do not submit payment with application form. Payment details will be forwarded with confirmation paperwork.

For privacy and security reasons payment is prohibited by credit card via email transmission.

Method of Lodgement

It is recommended that application forms be submitted by email to:

council@mosman.nsw.gov.au or by fax to (02) 9978 4299

or in person at the Civic Centre, Mosman Square, Spit Junction.

Applications that are lodged by post should be addressed to:

The General Manager
PO Box 211
SPIT JUNCTION NSW 2088

Further information:

If you require further information on completing this form Council's Venue Staff may be contacted on (02) 9932 4502 or (02) 9932 4507 between 8.30am - 5.00pm, Monday to Friday.

OFFICE USE ONLY

Applicant signed declaration: Yes

Certificate of Currency in respect of Public Liability Insurance attached: Yes No N/A

Receipt No.: _____ Date: _____ Amount: \$ _____ Officer's name: _____

This form is to be submitted in conjunction with the application form.

Refer to application form for Method of Lodgement

This credit card authority form is destroyed after the transaction is processed and no information contained therein is retained by Council.

Credit Card Details - Council Payment Fax No. (02) 9978 4299

This form cannot be emailed to Council.

Please charge my American Express Master Card Visa

Card number

Card holder's name Expiry Date /

Amount \$ Phone () daytime

Signature

Please note that Master Card and VISA incur a 1% service fee and American Express incurs a 1.4% service fee.

**THIS PAGE IS NOT TO BE SCANNED,
COPIED, EMAILED OR REPRODUCED
BY COUNCIL**