

# Armidale Showground

## Expression of Interest for Venue Hire

Hirer Details					
First Name		Surname			
Organisation Name					
Address					
Suburb		State		Postcode	
Email					
Organisation Web Page					
Phone					
Is your Organisation Not For Profit?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
Organisation ABN		Incorporated Number			
Booking Deposit					
\$100 to be paid in full to confirm booking					
Insurance					
			Yes	No	
I have a current Public Liability Insurance certificate (if yes, please attach a copy)			<input type="checkbox"/>	<input type="checkbox"/>	
Venue					
Please select the facility you require:					
<input type="checkbox"/> Hire of whole Complex	<input type="checkbox"/> Exhibition Centre		<input type="checkbox"/> Trade Pavilion		
<input type="checkbox"/> Main Arena	<input type="checkbox"/> Main Pavilion		<input type="checkbox"/> Stables		
<input type="checkbox"/> Other			Yes	No	
Is this a multiple booking?*			<input type="checkbox"/>	<input type="checkbox"/>	
* For multiple or ongoing bookings, please use the Multiple Bookings table on next page					
Single Booking					
Please list the dates, Start and end Time of the booking period and the type of function (Your booking times must include your set up and pull down times)					
Date	Set up Start Time	Function Time	Function End Time	Pull Down Time	Function Type
Number of People attending?					
Number of People Participating in the Event?					

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## Multiple Bookings

Frequency of Booking

Daily

Weekly

Fortnightly

Monthly

Other

Please list the dates, Start and end Time of the booking period and the type of function  
(Your booking times must include your set up and pull down times)

Date	Set up Start Time	Function Time	Function End Time	Pull Down Time	Function Type

**Number of People attending?**

**Number of People Participating in the Event?**

## Declaration

I am over the age of 18 years and agree that the above information is true and correct and the booking is tentative until all deposits are paid and confirmed by Armidale Showground Trust in Writing.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name (Please print) \_\_\_\_\_

**Please return completed form to:**

By Post: Armidale Showground Trust, PO Box 826, Armidale NSW 2350

or

By Email: [armidaleshowgroundtrust@gmail.com](mailto:armidaleshowgroundtrust@gmail.com)

Showground Office / Caretaker: 0400 639 630