

Armida!e 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			
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?					

Armidale Showground

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 The Armidale Showground Reserve Land Manager in Writing.

Signature_____Date____/____/____

Name (Please print)_____

Please return completed form to:

By Post: Armidale Showground Reserve Land Manager, PO Box 826,
Armidale NSW 2350 or

By Email: info@armidaleshowground.org.au