

VENUE HIRE APPLICATION

ABN: 35 160 034 701

Please read the SCC Conference Centre General Information Relating to Application to Hire and Conditions of Use of Hire prior to completing the application form.

All details must be completed on the form in order for the application to be processed. Please note that Southport Church of Christ may refuse to consider any application for the use of the facilities, unless this form has been completed in full and returned to the church no later than 30 days prior to the date of requiring the facilities.

Please note that completion and/or submission of this form does not constitute approval.

Please return the Venue Hire Application to the Southport Church of Christ Office. The application will be reviewed by the Operations Team Leader and relevant departments. A minimum of five working days is required for processing applications.

Formal approval will be issued in writing via email.

Please note that any use of the facilities must not be inconsistent with the values and beliefs of the Christian faith and Christian church nor the Southport Church of Christ purpose and statement of faith.

1. APPLICANT DETAILS

ITEM	DETAILS	
DATE OF APPLICATION		
ORGANISATION / NAME OF HIRER		
ABN (if applicable)		
APPLICANT'S CONTACT DETAILS	Name	
	Title	
	Phone	
	Mobile	
	Email	
	Postal Address	
SECONDARY CONTACT DETAILS	Name	
	Title	
	Phone	
	Mobile	
	Email	
	Postal Address	
INVOICING DETAILS (if different to contact person)	Name	
	Title	
	Phone	
	Mobile	
	Email	
	Postal Address	

2. DISCOUNTS

Are you applying for any discounts?

ITEM	YES/NO
Not-for-Profit organisations and groups	
Church Family	
Casual Hirer	
Regular Hirer	
Weekly Hirer	

3. EVENT OVERVIEW

ITEM	DETAILS
EVENT NAME	
EVENT DATES & TIMES	From: To:
DESCRIPTION OF EVENT	
TYPE OF EVENT	Please indicate your event type
	Corporate or business event
	Not-for-profit organisation or group
	Family Function
CATEGORY OF EVENT	Please indicate your event category
	Public Event: Events attended by the general public, both ticketed and free entry events
	Private Event: Events attended by members or guests only, not the general public
PROGRAM DETAILS	Please list any speakers, artists and other entertainers:
MINISTER (for Wedding)	
EXPECTED NO. PEOPLE	
TICKETED?	
ADMISSION CHARGES	
SALE OF MERCHANDISE?	
RECURRING BOOKING?	Please indicate weekly / monthly, other.

4. INSURANCE DETAILS

Please provide details of your public liability insurance.

ITEM	DETAILS
INSURANCE COMPANY	
POLICY NO.	
COPY ATTACHED	

5. ROOM / SPACE REQUIREMENTS

Please indicate the rooms and spaces required. If several days are required for a space, please add additional rows.

ROOM / SPACE	DATE	ACCESS TIME	EVENT START TIME	EVENT FINISH TIME	COMPLETED TIME
INDOOR SPACES					
Auditorium					
Multi Purpose Hall					
Seminar Room 1					
Seminar Room 2					
Foyer					
Boardroom					
OUTDOOR SPACES					
Courtyard					
Back Lawn					
ANCILLIARY SPACES					
Kitchen					
Servery Foyer					
Servery Courtyard					
Servery Multi Purpose Hall					
Parents Room/Event Office					
Car Park – No. spaces required					

6. SEATING CONFIGURATION

Please indicate the seating configuration required.

ROOM / SPACE	SEATING CONFIGURATION							
	THEATRE	CLASSROOM	BANQUET	CABART	COCTAIL	EXHIBITION	U-SHAPE	BOARDROOM
INDOOR SPACES								
Auditorium		-	-	-	-	-	-	-
Multi Purpose Hall								
Seminar Room 1								
Seminar Room 2								
Foyer								
Boardroom	-	-	-	-	-	-	-	
OUTDOOR SPACES								
Courtyard								
Back Lawn								

7. CATERING

Please provide details of your food and beverage requirements.

CATERING PACKAGE	No.	DATE & TIME REQUIRED	DETAILS
Full Day Conference Package			
Half Day Conference Package			
Continental Buffet Breakfast			
On Arrival – Coffee & Tea			
On Arrival – Orange Juice			
Morning Coffee Break			
Working Lunch			
Business Lunch			
Afternoon Coffee Break			
All Day Tea & Coffee			
Other Requirements			

8. SECURITY & FIRST AID

Please specify and provide dates, times and contact details for the following.

ITEM	DETAILS
First Aid Officer (if required)	
Security Officers (if required)	

9. TECHNICAL REQUIREMENTS OVERVIEW

Please indicate the technical systems required for each of the rooms and spaces being booked.

ROOM / SPACE	AUDIO	LIGHTING	VISION
INDOOR SPACES			
Main Auditorium			
Multi Purpose Hall			
Seminar Room 1			
Seminar Room 2			
Foyer			
Boardroom	---	---	
OUTDOOR SPACES			
Courtyard			
Back Lawn			

10. ADDITIONAL DOCUMENTATION

Please note you may be asked for additional documentation including, but not limited to:

- Full event details and timings
- Room layouts and stage plans
- Full details of technical requirements
- Adverse Weather Plan
- Risk Management Plan
- Traffic Management Plan
- Copies of licences and permits relevant to your event

11. AGREEMENT

I have read the SCC Conference Centre Standard Conditions of Hire & Use and agree to abide by these conditions and acknowledge that fees and charges will apply for the use of the facilities. In doing so, it is acknowledged that Southport Church of Christ's decision in regard to the approval of the event is final.

APPLICANT'S SIGNATURE: _____

NAME (please print): _____

DATE: _____

Please return to:
 Operations Team Leader
 Southport Church of Christ
 PO Box 412
 Ashmore City QLD 4214

For further information please phone +61 7 5564 6222 or email venuehire@scc.org.au.

OFFICE USE ONLY

Date Application Lodged	
Insurance Policy attached?	
Date Application Processed	
Application Approved?	
Date Application Outcome Advised	
Date booking made in system	
Processing Staff Member	
Bond Paid?	