

KENT & HUGHES HOUSE

RETURN TO
COUNCIL

BOOKING FORM

**ALL BOOKINGS MUST COMPLY WITH THE FOLLOWING, PRIOR TO USING THE FACILITIES:
SUBMISSION OF A COMPLETED & SIGNED BOOKING REQUEST FORM
SUBMISSION OF A SIGNED USER AGREEMENT
FEES PAID IN FULL**

DATE			
GROUP/ORGANISATION			
CONTACT PERSON			
POSTAL ADDRESS			
PHONE NUMBER			
EMAIL ADDRESS			
MEETING / ACTIVITY			
USER CATEGORY	<input type="checkbox"/> NON - COMMERCIAL		<input type="checkbox"/> COMMERCIAL
PREFERRED ROOM <small>(in order of preference)</small> e.g. 1ST 2ND 3RD	KENT HOUSE	<input type="checkbox"/> ACTIVITIES ROOM	<input type="checkbox"/> GARDEN ROOM
	HUGHES HOUSE	<input type="checkbox"/> JACARANDA ROOM	
FREQUENCY OF MEETING <small>(PLEASE TICK THE BOX/S APPLICABLE TO YOUR BOOKING REQUEST)</small>	DAILY	<input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN	
	WEEKLY	<input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN	
	FORTNIGHTLY	<input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN	
	MONTHLY	<input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN	
	OTHER	<input type="checkbox"/> ONE OFF BOOKING DATE / /	
DATE/S OF BOOKING	START DATE:		FINISH DATE:
START & FINISH TIME (1/2 HOUR OR HOURLY INCREMENTS ONLY) <small>(PLEASE INCLUDE SET UP & CLEAN UP TIME IN THE BOOKING TIME)</small>		START:	FINISH:
NUMBER OF PEOPLE ATTENDING MEETING/ACTIVITY:			

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USER AGREEMENT		
I/We, the undersigned, have read and understood all of the documents in the Kent and Hughes House booking request form, basic information, frequently asked questions and user agreement forms and agree to abide by all of the terms listed.		
I, _____ acting in the position of _____		
Name		Position
have the authority to sign this agreement on behalf of:		

User Group/Organisation Name		
I/We understand and agree that if we fail to vacate the premises by the time nominated on our form, we may be required to pay a security call out fee up to \$210.		
I/We agree to pay for the room hire in full prior to commencing our use, and understand that the amount paid is non-refundable.		
I/We agree to provide any complaints or suggestions in writing to the Coordinator People and Community Services.		
I/We understand that loss or damage to our security swipe card will result in me/us having to pay a replacement fee of \$15.50.		
I/We agree to leave the rooms in a clean, tidy, presentable manner ready for the next user group. Failure to do this will result in a cleaning fee of up to \$150 being charged.		
I/We understand that if we fail to turn off the heating/cooling, lighting or other equipment, additional fees will apply.		
I/We understand that failure to adhere to the agreement on more than two occasions may result in our access being revoked.		
I/We understand that Armidale Regional Council retains the right to revoke our access and usage of facilities at any time for any reason, provided that notice is provided in writing to the user group in a timely manner		
ROOM	NON-COMMERCIAL	COMMERCIAL
ACTIVITIES ROOM	\$19.00 PER HOUR	\$33.00 PER HOUR
JACARANDA ROOM	\$13.00 PER HOUR	\$30.00 PER HOUR
GARDEN ROOM	\$13.00 PER HOUR	\$21.00 PER HOUR
BOOKING NUMBER:		INVOICE NUMBER:
RECEIPT NUMBER:		DATE: / /

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ELECTRONIC SECURITY ACCESS CARD

Each person issued with a swipe access card and pin number must complete the signature panel below as their acceptance of the user agreement conditions detailed on the previous page.
By signing below, each responsible person acknowledges that you are solely responsible for notifying Armidale Regional Council Customer Service as soon as possible if your card is lost or misplaced, so it may be deactivated. A fee for a replacement card may be charged.

Signature	Signature
Print name	Print name
Position	Position
Group or Organisation	Group or Organisation
Date	Date

An Electronic Security Access Card (ESAC) is used to access both Kent House Activities Room/Garden Room and Hughes House Jacaranda Room. The cards have an auditing component to monitor usage of the buildings. Use of the ESAC is for authorised users only and should be kept secure.

Receipt of Security Access Card

The Electronic Security Access Card can be collected from Customer Service at the main Council building on Rusden Street. Please complete the following when you collect and return your card.

Group/Organisation	
Contact Name	
Phone/mobile	
ESAC Number	
Alarm Code	
Picked Card Up From Council	
Signature	
Returned Card To Council	
Signature	