



HUME CITY COUNCIL YOUTH SERVICES

YOUTH CENTRE APPLICATION FOR HIRE 2016

Before completing this application form applicants are required to:

1. Contact the Youth Services Administration Officer and check availability of the centre you require –
Email: youth@hume.vic.gov.au or Phone: 9205 2556.
2. Read the Conditions of Hire for Youth Centres and sign the declaration at the end of the document before your first day of hire.

Section 1

Organisation Name:	<input type="text"/>	
Billing Address:	<input type="text"/>	
Contact Person:	1. <input type="text"/>	2. <input type="text"/>
Mobile number:	1. <input type="text"/>	2. <input type="text"/>
Other number:P	1. <input type="text"/>	2. <input type="text"/>
Email Address:	1. <input type="text"/>	2. <input type="text"/>

Section 2

Please select the Youth Centre you wish to hire:

Facility	Select
Youth Central Broadmeadows (Complete section 1, 2, 4, 5, 6 and 7)	<input type="radio"/>
Roxburgh Park Youth Centre (Complete section 1, 2, 4, 5, 6 and 7)	<input type="radio"/>
Craigieburn Youth Centre (Complete section 1, 2, 4, 5, 6 and 7)	<input type="radio"/>
P Sunbury Youth Centre Venue Space (Complete section 1, 2, 4, 5, 6 and 7) Youth Room (Complete section 1, 2, 4, 5, 6 and 7) Band Room (Complete section 1, 2, 3 and 8 _nly)	<input type="radio"/> <input type="radio"/> <input type="radio"/>



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Section 3

Band breakdown: select the appropriate number below (Max 5 members)

Band Members (ages 10-24) Members:

Band Members (ages 25 and over) Members:

What type of music does your band play:

Section 4

Does Your Organisation have a Public Liability Policy? YES NO

**** ATTACH A COPY OF YOUR PUBLIC LIABILITY INSURANCE ****

Please note failure to attach supporting documentation will result in an additional charge for public liability insurance. Please contact the Administration Officer on 9205 2556 if you don't have public liability insurance.

Section 5

Type of Program/Event: (please tick ALL options that apply)

Youth Specific Program/Event (ages 12-25 only) YES NO

Child/Adult Specific Program/Event (all other ages) YES NO

Community Based Program/Event YES NO

Corporate Program/Event YES NO

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Section 6

Details of Activities: (please complete below)

Start Date:

Finish Date:

Weekly

Fortnightly

Monthly

Or, enter specific dates:

Start Time:

Finish Time:

(Including set up and pack up)

No. of People Attending:

Target Age Range:

Fee Charged to Attendees: YES

NO

If Yes, how much per person:

Please explain in detail your program, activities and exact nature of the function, or proposed use of the facility:



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Section 7

Name of Activity or Program:

Description of Activity or Program:

What areas will your Activity or Program meet:

a) Health and Wellbeing

b) Recreation and Leisure

c) Education

d) Leadership

e) Personal Development

f) Support

g) Other:

Section 8

DECLARATION:

I, on behalf of

(Name of Organisation / Group / Department/ Band)

declare that all the information on this form is true and correct and failure to answer all the questions truthfully may result in the suspension/termination of my booking.