

Please fill out and email kawarrenechidna@gmail.com

**Major Function/Event Booking Form Application**

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| Type of Function*please provide full details eg Wedding, Birthday party, all day seminar/workshop* |  Enter text. |
| Estimated number of attendees | Enter text. |
| Your Name  | Enter text. |
| Organisation Name | Enter text. |
| Organisation ABN | Enter text. |
| Incorporated No | Enter text. |
| Are you? | Choose an item. |
| Address Required | Enter text. |
| Email Required | Enter text. |
| Phone contact Required | Enter text. |
| Details for Invoice to be sent/emailed | Enter text. |
| What facilities will you require | Choose an item. |
| Date of booking/s | Enter a date. |
| Time frame for booking (including setting up/packing up) | Enter text. |
| Do you require access to Echidna House/Kawarren Reserve to set up/drop off supplies/use kitchen facilities prior to the day of your booking | Choose an item. |
| Do you require use of the trestle tables and chairs? | Choose an item. |
| Is there a participation/entry fee?  | Choose an item. If yes how much $Enter text. |
| **Food and Beverage** |  |
| Will food be provided at the function? | Choose an item. |
| If yes – will food be sold? | Choose an item. |
| If yes - Have you lodged a Statement of Trade (SOT)? | Choose an item. |
| Will alcohol be provided? | Choose an item. |
| If yes – will alcohol be sold? | Choose an item. |
| If alcohol is to be sold during your event then a ‘Limited Licence’ must be obtained and submitted. |  |
| Catering  | Choose an item. |
| Will the event be catered for by a Registered Catering Business? | Trading Name: Enter text.Contact Person: Enter text.Phone: Enter text.Address: Enter text. |
| Public Liability – applicable for Weddings.Do you have Public Liability?If yes please provide Policy Number and Name of Insurer | Choose an item.List your public liability details including Policy Number and Name of Insurer |
| Additional Information | Enter text. |
| Please read and complete Terms and Conditions User Agreement below |

**User Agreement**

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| [ ]  I have read the [**Terms and Conditions of Hire**](file:///F%3A%5CEchidna%20House%5CEchidna%20House%20Terms%20and%20Conditions%20of%20Hire) and agree to abide by the conditions.[ ]  I am over the age of 21 years and agree that the above information is true and correct and the booking is tentative until confirmed by Booking Officer in writing[ ]  I accept full responsibility for any damage to the Premises and/or additional fees incurred as outlined in the Terms and Conditions |
| Name: Enter your name[ ]  By ticking this box I confirm that I am the person named above and that I authorise the use of a digital tick box in place of my paper based signature. Date: Enter a date. |

**Please ensure all applicable sections are complete, failure to do so will result in your booking being declined.**

**Please send all documentation to:** kawarrenechidna@gmail.com

If you require further information regarding bookings please contact Booking Officer: 0412 171 640