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| **COMPANY DETAILS**  Name: .................................................................................................................................................  ABN):……………………………………………………………………………………..  Contact: ...................................................................Position: .............................................................  Email:....................................................................Phone:............................................................ |
| **BILLING DETAILS**  Name of person responsible for payment: .........................................................................................  **Invoicing address**.................................................................................................................................  ...........................................................................................................................Postcode...................  Email: ...................................................................Phone………………………............................................ |

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| **SERVICES BEING OFFERED**  Please indicate Number of expected attendees: ........................  Please describe type of service being offered or purpose of hire: ............................................................................................................................................................................................................................................................................................................................ |

**Please tick which type of room/area you would like to book:**

|  |  |
| --- | --- |
| **16 Warley Avenue, Cowes** | |
|  | Meeting Room – up to 12 people with tables, 20 without. |
|  | Double Meeting Room – up to 30 people with tables, 50 without. |
|  | Consult room – 2 to 3 persons |
|  | Commercial Kitchen - up to 8 people |
|  | External Deck Area - up to 15 people |

**BOOKING DETAILS :**

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| **Dates:** From: ........../........../……………… to ........../........../……………….  **Time:** Start: ................ am/pm Finish: ....................am/pm |



Future dates for the year to be notified by email

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| **Ongoing booking(s): Yes/No, If Yes complete below**  Weekly Fortnightly Monthly Bi-monthly  Day/s: Mon Tues Wed Thurs Fri Sat Sun |

**ACCESS**

Phillip Island Community and Learning Centre’s normal hours of business are from 9am to 3pm, Mon-Fri. Access arrangements can be organised for bookings outside these hours.

**ROOM HIRE FEES**

**Refer to attached EXCEL (Room Hire Fees) document.**

**CANCELLATION FEES**

More than 48 hours’ notice No Charge

Less than 48 hours’ notice Half Fee

No notice received Full Fee

**TERMS and CONDITIONS**

**This is a room booking request only. Your booking will be confirmed with a room booking Agreement which you will be required to sign and return.**

**INSURANCE**

**When you receive your Agreement you will also be required to upload a current Insurance Certificate of Currency.**