



**Central West Women's Health Centre Inc.**  
**PO Box 674 ✪ 20 William Street**  
**Bathurst, NSW 2795**  
**Ph 02 6331 4133 ✪ Fax 02 6332 4310**

**APPLICATION TO USE MEETING ROOM**

Name of group or agency: \_\_\_\_\_

Purpose of group or meeting: \_\_\_\_\_

Approx number of people: \_\_\_\_\_ Meeting date(s): \_\_\_\_\_

Meeting time(s): \_\_\_\_\_ Is this booking recurrent? Y / N

Is the group or meeting for commercial purposes? Y / N

*If yes, please attach copy of public liability insurance*

If needed, how will supervision of children be provided? \_\_\_\_\_

Name of contact person: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: Daytime: \_\_\_\_\_ A/H: \_\_\_\_\_

Email: \_\_\_\_\_

Equipment needed (please circle Yes or No):

Chairs	Y / N	Number _____	TV/DVD	Y / N
Tables	Y / N	Number _____	Data projector & screen	Y / N
Whiteboard	Y / N		Tea/coffee /milk	Y / N
			<i>(a small surcharge may occur)</i>	

I, (print name) \_\_\_\_\_ wish to use the meeting room at the Central West Women's Health Centre, and I understand and agree to abide by the Centre's requirements attached to this application form.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Centre Manager: \_\_\_\_\_

**Office use only**

Booking entered in  Diary  Outlook Date \_\_\_\_\_ By \_\_\_\_\_

This sheet to be filed in folder in chronological order