

MEETING ROOM APPLICATION



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, does the group have its own public liability insurance?) Y / N

Please attach copy

If needed, how will supervision of children be provided? _____

Name of contact ('responsible') person: _____

Address: _____

Contact Number: Daytime: _____ A/H: _____

Email: _____

Equipment needed (please circle Yes or No):

Chairs Y / N Number ____ Whiteboard Y / N

Tables Y / N Number ____ Data projector & screen Y / N
(\$50.00 additional charge)

Tea/coffee Y / N (tea, coffee, sugar, milk)

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 or Administrator: _____

Office use only

Booking entered in Outlook Calender Date _____ By _____

Room Fee Payable (\$15 per hour): \$ _____