

Facility/Equipment Hire Form

30 Loch Street, Derby
PO Box 94, Derby WA 6728

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8pm - 4pm MON - FRI



A. APPLICANT DETAILS

Organisation name (If Applicable):		
Organisation Type:		
<input type="checkbox"/> Community and Non-Government	<input type="checkbox"/> Commercial and Government	
Surname:	Given Names:	
Address:	Suburb:	Postcode:
Postal Address:	Suburb:	Postcode:
Phone 1:	Phone 2:	Fax:
Email Address:		
Contact During Event/Activity (if different from above):	Phone 1:	Phone 2:

B. FACILITY / EQUIPMENT HIRE (Refer to Terms and Conditions attached)

Select Facility / Equipment for hire:			
Community Room <input type="checkbox"/>	Multi-Purpose Courts <input type="checkbox"/>	Undercover Courts <input type="checkbox"/>	Squash Courts <input type="checkbox"/>
Town Oval <input type="checkbox"/>	HAWKS BBQ Trailer <input type="checkbox"/>	Sound / PA System <input type="checkbox"/>	Projector & Screen <input type="checkbox"/>
Marquee <input type="checkbox"/>			
Hire of Civic Centre includes 22 tables and 200 chairs. Please select facilities required below:			
Civic Centre <input type="checkbox"/>	Hall <input type="checkbox"/>	Kitchen <input type="checkbox"/>	Bar <input type="checkbox"/>
			Grounds <input type="checkbox"/>

C. DETAILS OF HIRE

Activity / Purpose of Booking:		Type of Booking:	
		Casual / One-off <input type="checkbox"/>	Event <input type="checkbox"/>
		Regular/Seasonal <input type="checkbox"/>	
Type of Event / Function:			
<input type="checkbox"/> Private	<input type="checkbox"/> Community	<input type="checkbox"/> Commercial	<input type="checkbox"/> Government
<input type="checkbox"/> School	<input type="checkbox"/> Fundraising		
<input type="checkbox"/> Corporate	<input type="checkbox"/> Funeral	<input type="checkbox"/> Other (Specify):	
Date From:	Date To:	Time From:	Time To:
Oval / Court lights required:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Regular / Seasonal Details:	
Date(s):	Lights On:	Lights Off:	
Description of event (concert, fair, festival):		Details of Entertainment (bands, activities, amusement rides):	
Number of attendees:		What ages will be attending?	
Will alcohol be served or sold? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes: Complete Request Consumption of Liquor Permission	
Will food be sold? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes: Complete Stallholders / Traders Permit Application	
Will food be served? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes: Provide details how food will be supplied, prepared & served:	

D. DETAILS OF CONTACTS (For events, functions, festivals only)

Please provide four (4) names and mobile phone numbers of responsible adults who will be attending this event in case of an emergency:

	Name	Mobile Phone Number
1		
2		
3		
4		

E. RETURN OF BOND

The return of bond will be made via cheque or EFT. Please select your preferred choice and provide details:

<input type="checkbox"/> EFT		<input type="checkbox"/> Cheque
Account Name:		Payable to Name / Organisation:
BSB	Account Number	Bonds: only refunded once keys and equipment are returned and any inspections have been completed by Shire Staff.

F. POLICE CLEARANCE

Have you notified the Derby Police of this event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Only required if this function involves alcohol or large number of people (50+)		
Do you have a licence to SELL or SERVE alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Only required if Alcohol will be sold or served at this event - Please provide photocopy		
Do you require Security / Crowd Control for the event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Only required for public events or when requested by the Shire of Derby / West Kimberley or Derby Police		

G. DECLARATION

Important: Please read and sign this declaration for your application to be processed:

- I/We hereby make application for the use of the Shire of Derby/West Kimberley facilities and services and will not hold liable the Shire of Derby/West Kimberley and its agents or employees for any personal injury or loss of property.
- I/We have read and understood the terms and conditions of use and agree to uphold them for as long as the term of this agreement.
- I/We acknowledge that all information provided is true and correct to the best of my knowledge.

Signature of Applicant:	Date:

POLICE USE ONLY

Event approved by Derby Police:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Security Required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Police Officer's Signature:	Officer's ID Number:		Date		

OFFICE USE ONLY

Shire Officer Name:	
Shire Officer Signature:	
Date:	
Booking Approved	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Entered in System	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Fees	
Bond	Hire Fee
Trust Code	Receipt #
Pre-Inspection Date:	
Post-Inspection Date:	

Equipment/Key Returnd	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bond Refund Approved:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Approved By:	
Amount Refunded:	
Request for Bond Refund Date:	