|  |  |
| --- | --- |
| mannew | **Manning Valley Neighbourhood Services Inc.**4 Farquhar StreetPO Box 75Wingham NSW 2429Phone/Fax: (02) 6553 5121email: mvns@mvns.org.auABN: 79 194 271 854 |

**Manning Valley Neighbourhood Services Inc Hire Agreement**

**Purpose of Hire**:

**Venue:** □ MVNS Office Space □ Courtroom

**Available - Session Times**:

|  |  |
| --- | --- |
| **MVNS Office Space** | **Courtroom** |
| * 9 am – 3 pm Mon -Thurs
 | * 9am – 1pm Morning Session Mon- Thurs
 |
|  Mon - Thurs | * 1pm – 5pm Afternoon Session Mon- Thurs
 |
|  | * 3pm Onwards Mon-Thurs (Requires Key Arrangement)
 |
|  | * Fri-Sun (Requires Key Arrangement)
 |

**Booking Details**

Frequency of hire: (eg Monthly, Weekly)

Date of hire: from to

Time: from to

Agreed venue Hire Fee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Details**

Organisation:

ABN:

Contact Details

Name:

Address:

Phone Number:

Email:

**Proof of Public Liability Insurance** (if *required must be attached with application*)

* I am the holder of public liability insurance for a minimum of $20million.
* A copy of our public liability insurance is attached.

Public Liability insurance not required if all of the following applies:

* I am not a sporting body, club or association
* I am not a corporation or incorporated body
* I am hiring the facility for non-commercial or non-profit making purposes
* I am hiring the facility for less than once a month.

**Signature of Applicant**

 Name:

Representing (Organisation)

I have read and agree to comply with the Conditions of Use for hire of this facility.

Signed Date