



**North Richmond Community Centre**  
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ABN 219 866 87704

## APPLICATION FOR USE OF NORTH RICHMOND COMMUNITY CENTRE

**PERMANENT BOOKINGS (minimum 10 bookings per year)**

**NAME OF GROUP** \_\_\_\_\_

**CONTACT PERSON** \_\_\_\_\_ **PH** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**EMAIL** \_\_\_\_\_ **MOB PH** \_\_\_\_\_

Please give brief details of the activity run by your Group (to assist us in providing community information)

Does your activity involve training or teaching skills to participants e.g. exercise/ craft/ education/ personal development or other? Please provide details

Does the group leader have qualifications or experience to enable them to run the group? \_\_\_\_\_

If so please provide details \_\_\_\_\_

What ages does your group cater for \_\_\_\_\_

Cost of participation in your group \_\_\_\_\_

How can people join your group \_\_\_\_\_

Number of participants per session (approx) \_\_\_\_\_

Starting date of group \_\_\_\_\_ Finishing date of group \_\_\_\_\_

I agree to the terms set out in the "Regulations Controlling the Hire of the Centre" form

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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WHICH HALL/S or SPACE	DAY/S OF THE WEEK	BOOKING TIMES <i>(remember to include enough time to set up &amp; pack away)</i>
Hall 1 (Largest)		
Hall 2 (Smaller)		
Meeting Room		
Foyer		
Youth Hall		

Will you be using the Centre during the school holidays?    Yes     No

Booking dates per term	Starting Date	Finishing Date
Term 1		
Term 2		
Term 3		
Term 4		

**THE BOOKING IS:**

Weekly     Monthly   
 Fortnightly     Other

**REVIEW OF STORAGE:**

Hall Cupboard currently in use    Yes     No   
 Kitchen Cupboard currently in use    Yes     No

**Hirers of North Richmond Community Centre are responsible for providing their own adequate Public Liability insurance.**

Insurance Company & Policy Number: \_\_\_\_\_

Renewal Date: \_\_\_\_\_ (Please provide copy of your certificate of Currency)

**Office use:**

Key Number/s held (as engraved on key/s) \_\_\_\_\_

Key Holder for group and contact details: \_\_\_\_\_

**Cost per hour: \$** \_\_\_\_\_

**Total cost per visit: \$** \_\_\_\_\_