

**ROOM BOOKING FORM**

This form is for all groups requesting one-off or on-going room bookings at Springwood Neighbourhood Centre.

Name of Organisation: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Contact: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

(Mobile) \_\_\_\_\_ (Email) \_\_\_\_\_

- Only Room 2 may be used for childcare for children under 5.
- All Room Users are required to have their own Public Liability Insurance. A Certificate of Currency must be attached to this form.
- Room Users Check List to be completed by all evening and weekend groups.
- Groups may only use the room booked for their activity. A charge is payable for extra rooms used.
- SNCC will not be held responsible for the care and well being of children or the behaviour of room users. Room Users are expected not to tolerate bullying or aggressive behaviour.
- Alcohol may not be consumed on the premises without the prior approval of Management.

**One-off bookings:** Day of Week/Date: \_\_\_\_\_

Time of Day: From \_\_\_\_\_ to \_\_\_\_\_  
(include setting-up & packing-up time)

Approximate number in group: \_\_\_\_\_

**Ongoing bookings:** Week of the month: 1 2 3 4 5 (Please circle)

Day of Week: \_\_\_\_\_

Time of Day: From \_\_\_\_\_ to \_\_\_\_\_  
(include setting-up & packing-up time)

Frequency (weekly, monthly, etc): \_\_\_\_\_

Proposed starting date: \_\_\_\_\_

Approximate number in group: \_\_\_\_\_

Will the group operate during school holidays? Yes No

**Please explain the function and activities of your group and outline its aims and objectives:**  
(attach an extra page if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DECLARATION:** I have received and understand the Springwood Neighbourhood Centre Co-operative Ltd Guidelines For Use of SNCC premises, and agree to adhere to them in full.

**Certificate of Currency Attached**

Name: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Please Print)