HILLS HUB ROOM HIRE ENQUIRY FORM



Contact & Activity Information

Full Name of Hirer (Primary Contact):						Name of Organisation and ABN (if applicable)							
Phone/Mobile:							Email:						
Address:						l							
Type of Hirer: (Please tick one)		Unincorporated Community Group Not-for-Profit Group □ Private User □ Business/Corporate □					Type of Event/Activity: (Please tick one)			General Community ☐ Education/Training ☐ Private function ☐ Business activity/event ☐ Fundraising activity/event ☐ Other ☐			
Brief Description of Activity:													
Hire Scheo	dule												
Room/s Requested (Please tick)			Space	Multipurpose F			m	Training Room		Consulting Suite		Meeting Room	
		(MP 1, 2, 3		MP1	MP2	1	МРЗ	TR1	TR2	Suite			
Frequency: Once onl Weekly E Fortnight Monthly		only 🗆	Date	required:									
		nightly (Pleater) (Pleater) Week (If a) Date		r/s of week: ease circle)			Mon Tues Wed Thu Fri Sat Sun						
				pplicable) es required:			1 st 2 nd 3 rd 4 th 5 th						
							t:			End:			
							ic Holic	lays: Yes D	No □	School Holidays: Yes □ No □			
Time of Event/Activity: (including set up and pack up)				Time of Arrival:			Time o			f Departure:			
No. of Participants:				Min:			Max:						

Please email your completed Room Hire Enquiry Form to https://example.com/Hills.Hub@cardinia.vic.gov.au
You will receive a response to your enquiry within 3-5 business days