Event Booking Request Form – 62 Victoria Parade

Privacy Notice: Council deals with personal information in accordance with law, including the Information Privacy Act 2009.



This form is to be completed when a customer wishes to book an event at 62 Victoria Parade. Once this form is returned and your booking is accepted, you will receive a contract, estimate of charges and event payment invoice.

P: 07 4924 5600 | E: majorvenues@rrc.qld.gov.au | W: rockhamptonregion.qld.gov.au | PO Box 1860, Rockhampton 4700 | ABN: 59 923 523 766

Customer Details								
Customer name/Business or Organisation name:								
Contact name: (if different)					ABN:			
Preferred contact number: Email:								
Onsite contact	name:	Onsite contact number:						
Customer/Business/Organisation Address								
Street number and name:								
Suburb:			State: Pos			stcode:		
Postal address	G (if different):							
Event Deta	nils							
Event name:								
Please note, this name may appear publicly.								
Event description:								
Please note, this o	description may appear publicly, if applicable.							
Event date/s:								
Anticipated attendance:								
Event Schedu	ile							
Date	Activity (Please include bump in, rehearsal, e	event and b	oump out)	Start 1	ime	Finish Time		

Venue Details (Please visit Council's See It Live website (<u>www.seeitlive.com.au</u>) for room information. Additional Fees and Charges may apply.)							
Please select the relevant locations required for your event:							
☐ Gold Room ☐ Range Room ☐ And	derson Roc	om (Dance Studio	– located upstairs)	☐ Beatrice Hutton Room			
Room Layout							
Please select the desired room layout:							
☐ U Shape ☐ Boardroom ☐	☐ Cabaret		☐ Theatre	☐ Banquet			
☐ Classroom ☐ Other:							
Catering and Liquor Details							
☐ Yes ☐ No Will you be supplying catering	for the ever	nt?					
☐ Yes ☐ No ☐ Do you require liquor to be ser	Do you require liquor to be served at the event? (Please note, 62 Victoria Parade is a licenced venue)						
Technical Details (Please note, Fees and Charges m	nay apply)						
☐ Yes ☐ No ☐ Do you require technical staff of	or equipme	nt for your bo	oking?				
Technical contact name:							
Contact number:	Email:						
AV Equipment (Please note, Fees and Charges may ap	pply)						
Please specify the AV equipment required for your bo	ooking?						
☐ Public WiFi ☐ Projector ☐ PA	system wit	h microphon	e 🗆	Piano/keyboard			
Please list any further AV equipment or technical state	ff required f	or your book	ing:				
Event Payment Schedule							
For a full list of fees and charges please refer to Council's Fees and Charges Schedule.							
Event Payment: Once your completed form is returned and your booking is accepted, a contract and invoice will be issued							
for payment. All event charges will be included in this invoice. Event Balance: This payment is due after the event has concluded, when electricity, consumables and other relevant							
charges can be calculated.							
Event Bond: This payment is due 30 days prior to the event and is charged at Council's discretion. Bond will be refunded upon inspection of the venue following the event if no further cleaning or repairs are required.							
Public Liability Insurance (Please note ALL 62 Victoria Parade bookings require a copy of your public liability insurance and indemnity statement. Rockhampton Regional Council must be noted as an interested party on the Certificate of Currency and the level of cover must be \$20 million.)							
Name of insurer:		Policy numb	er:				
Policy limit:		Expiry date:					

Supporting Documentation							
Your booking is not confirmed until all relevant supporting documentation, including a signed contract, has been received with the event payment and relevant approvals given. If your booking is accepted, written approval will then be provided. Do not publicly advertise your event until booking approval has been given.							
Attached	Pending	Not Applicable	Item				
			Certificate of Cover for Public Liability Insurance to the minimum value of \$20 million and noting Rockhampton Regional Council as an interested party				
			Debtor Credit Account Application Form (if invoice required)				
Declaration							
I submit this form with the relevant supporting documentation as required. I declare that the details are correct to the best of my ability.							
Name:			Signature:	Date:			