

APPLICATION TO USE PARLIAMENTARY FUNCTION ROOMS AND CATERING SERVICES.

I/WE ACCEPT THE TERMS AND CONDITIONS AS OUTLINED IN RELATION TO:

NAME OF APPLICANT: _____

TO BE HELD ON: _____ (DATE)

TIME: _____ AM/PM TO _____ AM/PM

ORGANISATION: _____

ADDRESS: _____

CONTACT NUMBER ON THE DAY: _____

EXPECTED NUMBER ATTENDING APPROX: _____

EVENT DETAILS: _____

SPONSORING MEMBER: _____

BILLING DETAILS: _____

IS THIS FUNCTION OPEN TO THE MEDIA? _____

VENUE REQUESTED:

ROOM	PER DAY \$	PER HOUR \$	REQUESTED
Reception Room	200	50 (minimum 2 hours)	
Long Room	150	40 (minimum 2 hours)	
Committee Room 1	100	15	
Committee Room 2	100	15	
Committee Room 3	80	10	

CATERING REQUIREMENTS: _____

EQUIPMENT REQUIRED:

EQUIPMENT	COST	REQUESTED (TICK)
LARGE PLASMA SCREEN TV WITH LAPTOP COMP	\$75.00	
CHAIRS	NO CHARGE	
MICROPHONE	NO CHARGE	
LECTERN	NO CHARGE	

CONDITIONS OF USE:

- ACCOUNT TO BE SETTLED ON DAY.
- A DEPOSIT OF 25% TO BE PAID ONE WEEK PRIOR.
- A LIST OF ALL ATTENDEES MUST BE PROVIDED 24 HOURS BEFORE THE EVENT. ALL VISITORS CONSENT TO PERSONAL SECURITY SCREENING AND SCREENING OF ANY ITEMS THEY BRING INTO THE BUILDING.
- APPROPRIATE CARE MUST BE EXERCISED AT ALL TIME IN THE PROTECTION OF WORKS OF ART, BUILDING FINISHES AND FABRICS.
DAMAGE CAUSED BY A USER MAY BE SUBJECT TO COST RECOVERY.
- ALL USERS MUST USE THE PARLIAMENTARY CATERING SERVICE FOR THE SUPPLY AND SERVICE OF ALL FOOD AND ALCOHOL.
- ALL INTENDED USERS OF THE PARLIAMENTARY CATERING SERVICE WITH ANY ALLERGIC FOOD SENSITIVITIES, TO READ THE PARLIAMENT'S ALLERGEN STATEMENT AND IN DOING SO, ACCEP

NAME: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

SIGNATURE: _____ DATE: _____

RETURN TO:

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