



**Library Function Centre, Blacktown**  
Bookings Form



Please PRINT CLEARLY IN BLOCK LETTERS.

Please fax signed form to Facility Hire Coordinator 9831 2690. For further information please call 9839 6624.

**Full Name:**

**Email Address:**

**Company Name:**

**Contact Numbers:**  
Telephone:   
Mobile:   
Fax:

**Postal Address:**

**Day of week:**

**Date**

**Start time (include set up):**

**End time (include clean up):**

**Recurrent Bookings:**

*Please enter all dates:*

**Number of people:**

**Tick one:**

**Single Room - max 50**

**Double Room - max 150**

**Triple Room - max 200**

**Function/Reason room required:**

**Equipment required:**

Note - additional charges apply

Electronic Whiteboard

Electronic Lectern

Non-Electronic Lectern

Lighting & Sound (POA)

Triple Room AV

AV Trolley

Microphone - No. \_\_\_\_

Portable Screen

Flip Chart Stand/Paper

Whiteboard

Laptop

Data Projector

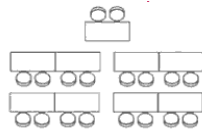
Flip Chart Paper

Lapel Micr. (2 available)

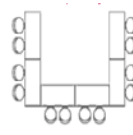
Overhead Projector

**Room Configuration:**

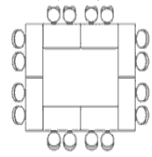
Classroom Style



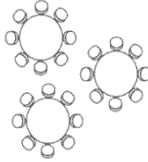
U-Shaped Style



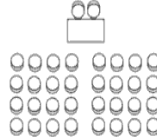
Square Style



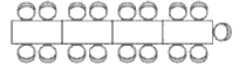
Banquet Style



Theatre Style



Board Room Style



Other, please draw below:

**Public Information:**

All events are listed on noticeboards to advise attendees.  
Please complete the following for inclusion on this signage.

**Name of Event:**

**Contact:\***

\* Name and number for further information

**Start Time:\***

**Finish Time:\***

\* Event running time, not including setup/cleanup.

I will notify Library Management of any change in the type of activity and any damage to the building or equipment and I will leave the Function Centre clean and tidy after use. I undertake to be responsible for payment of the fees and charges fixed by Blacktown City Council for hire of the Function Centre required and for the payment of any charges arising out of my engagement in accordance with the rules and conditions applying to engagements of the Function Centre, a copy of which has been supplied to me and which I agree shall apply to form the basis of my application. I certify that the information provided herein is true and correct.

If catering is required, please be advised that this is provided by Vibe Espresso - 1300 721 228.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**Note:**

This request will be processed, and you will be advised of the charges and forwarded an Agreement for completion and signature. This document is NOT a confirmation of booking. Bookings will be confirmed in writing.

**Privacy**

Personal information you have provided in this application will be utilised and stored for the purposes of this application and would be viewed by relevant Library and Council staff only.