Thank you for considering Ravensthorpe Community Resource Centre (RCRC) for your event. Whether you need a fully-equipped venue to host your function or you are holding an event offsite & require reliable and up-to-date tech equipment, RCRC can assist.

Venue & Equipment Hire Rates

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| VENUE | Members / NFP  Half daily rate  (up to 4 hours) | Members / NFP  Daily rate | Corporate  Half daily rate  (up to 4 hours) | Corporate  Daily rate |
| Amber Room | 40 | 75 | 75 | 150 |
| Rubix Cube Room | 25 | 50 | 50 | 100 |
| Study Room | 25 | 50 | 50 | 100 |
| Kitchen\* | 12.50 | 25 | 25 | 50 |
| Out of business hours | 35 per hour | 35 per hour | 35 per hour | 35 per hour |
| Internet |  | ½ the hourly rate |  | Hourly rate |
| Tea, Coffee & drinking water\* |  | $2 per person |  | $3 per person |

See over for photos of venue rooms

|  |  |  |
| --- | --- | --- |
| EQUIPMENT | Members/ NFP  Daily rate | Corporate  Daily Rate |
| Laptops | 10 each | 20 each |
| Portable Projector + Screen | 25 | 50 |
| Portable PA System | 25 | 50 |

Rates including GST

TERMS & CONDITIONS

BOOKINGS Tentative bookings will be held for fourteen days. Full payment is required during this timeframe to secure the booking. Payment can be made via credit card or EFT:

RCRC Bank Details

Account name: Ravensthorpe Community Resource Centre

BSB: 036 184

Account: 104772

CANCELLATIONS All cancellations must be received in writing. Cancellations within 48 hours of the booking date will incur 50% of fee.

DAMAGE TO PROPERTY RCRC does not accept any responsibility for damage or loss to any of the clients’ property left on the premises prior, during or after a function. Clients are financially responsible for damage to any RCRC property or equipment by their guests. Any damage will be billed.

FOR VENUE HIRE Rooms are to be left in a tidy and clean state. Please dispose of all rubbish, bins are located through the back door. Please place all furniture back into the position they were found in. Vacuum clean if required, the vacuum can be found in the storage room.

For any long term weekly venue bookings, a discount rate may be available at the Manager’s discretion.

Any approval granted is subject to compliance of hire conditions.

**\***If bringing own refreshments (tea/ coffee etc.) there will be a $10 surcharge for the use of the urn, electricity & crockery for the day (for Corporate only, Members & NFP free).

**Admin hand completed form to bookkeeper for invoicing before filing.**

**EQUIPMENT HIRE FORM**

Name:

Organisation:

Address:

Phone:

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intended use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drivers Licence #: □ Attach Copy

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| EQUIPMENT | Quantity  required | Members / NFP  Daily rate | Corporate  Daily rate | Total |
| Laptops |  | 10 each | 20 each |  |
| Portable Projector + Screen |  | 25 | 50 |  |
| Portable PA System |  | 25 | 50 |  |
|  |  |  | **TOTAL** |  |

Out date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equipment in good order: Y / N

**Terms of Agreement:**

* It is my responsibility to ensure all equipment is checked prior to and at the completion of my usage.
* All replacement items or services needed to the equipment will be reported to the Ravensthorpe CRC upon return of the equipment.
* I accept full cost of replacing damaged/ stolen parts and equipment.
* I accept the full responsibility of the security of equipment whilst in my care.
* If I need to extend the time frame stated above, I will contact the Ravensthorpe CRC before the stated return date.
* The equipment will only be used for the purpose started above and will not be leant to any other person.

Sign: Date:

**(office use)**

□ Form complete

□ Item paid for

Approval by:

Sign: Date:

**EQUIPMENT RETURN**

Return Date:

□ Equipment returned in good order

□ Equipment retuned with faults:

Sign: Date:

**(office use)**

Return Date:

□ Equipment checked

□ Equipment returned in good order

□ Equipment returned with faults:

Checked by:

Sign: Date: